

STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>Danville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>E.</u> c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 27, 1892</u>
9. AGE (In years) (Last birthday) <u>60</u>		IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>William Hereford</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Harvey</u>		14. NAME OF HUSBAND OR WIFE <u>Cleve Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cleve Johnson, Mineola, Missouri</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>3-25-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prolapso of uterus (Vaginal hysterectomy)</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>3-23-53</u> , 19 <u>53</u> , to <u>3-4-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-4-53</u> , 19 <u>53</u> , and that death occurred at <u>11:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James R. Meador, M.D.</u>		23b. ADDRESS <u>45 Central, Clayton</u>	
23c. DATE SIGNED <u>3-5-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City, Missouri</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 5 1953</u> <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington</u>	

APR 21 1953

APR 3 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Fred J. Farmer*  
Licensed Embalmer No. *4788*  
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.