

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13402**

FILED APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 2007 Registrar's No. 152

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> <u>1124</u>	
c. LENGTH OF STAY (in this place) <u>7 years</u>		d. STREET ADDRESS (If rural, give location) <u>1309 Alice</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1309 Alice St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Selecta</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-3-1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	
8. DATE OF BIRTH <u>8-9-1899</u>		9. AGE (in years last birthday) <u>53</u>		IF UNDER 1 YEAR: Months <u>7</u> Days <u>24</u> IF UNDER 1 HR. Hours <u></u> Mins. <u></u>	

10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lake Washington, Miss. U.S.A.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Johnson</u>	
13c. NAME OF HUSBAND OR WIFE <u>Decease</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></u>	

17. INFORMANT'S SIGNATURE OR NAME (Full name and address) <u>Archie R. Johnson - 1309 Poplar Bl</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		<u>1 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u> DUE TO (c) <u>Branchial Cyst</u>		<u>?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Branchial Cyst</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1949, 1953, to 7 June, 1953, that I last saw the deceased alive on 2 June, 1953, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Johnson</u> (Degree or title)		23b. ADDRESS <u>325 Oak Poplar Bluff Mo</u>		23c. DATE SIGNED <u>6 June 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Paul J. Smith - Selecton Mo</u> ADDRESS			

DATE REC'D BY LOCAL REG. <u>April 6-1953</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul J. Smith - Selecton Mo</u> ADDRESS	
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12/2 moved to 11

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

24
1

RECEIVED

APR 15 1953

BUTLER CO. HEALTH CENTER

FILE No. 453-185

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
Student Embalmer

Signed Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address St. Louis, MO

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 this body is not embalmed, fact should be so stated above.