

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **23545**

FILED JUN 22 1953

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **122**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Saline	b. CITY (If outside corporate limits, write RURAL and give township) Marshall	a. STATE Arkansas	b. COUNTY Johnson
c. LENGTH OF STAY (in this place) 9 months		c. CITY (If outside corporate limits, write RURAL and give township) Clarksville 8030	
d. FULL NAME OF HOSPITAL OR INSTITUTION 352 South Salt Pond		d. STREET ADDRESS (If rural, give location) Unknown 8	

3. NAME OF DECEASED (Type or Print)	a. (First) Harvey	b. (Middle) N.	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) June 12th, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 5th, 1913	9. AGE (In years last birthday) 40	10. UNDER 1 YEAR Months 0 Days 29	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Orchard	11. BIRTHPLACE (City and State or Foreign Country) Clarksville, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ben F. Johnson	13b. MOTHER'S MAIDEN NAME Beatha Ray	14. NAME OF HUSBAND OR WIFE Jean Brock Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs Jean B. Johnson, Clarksville, Ark	ADDRESS
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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) Acute Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Exer induced by heart.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 9310 22	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Clarksville, Johnson, Arkansas
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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? 077
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. L. Lewis, M.D., Croner Saline Co.	23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 6-13-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 15, 1953	24c. NAME OF CEMETERY OR CREMATORY Oakland cemetery	24d. LOCATION (City, town, or county) (State) Clarksville, Arkansas
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DATE REC'D BY LOCAL REG. 6-15-1953	REGISTRAR'S SIGNATURE Edw. J. Gray 385	25. FUNERAL DIRECTOR'S SIGNATURE Campbell Lewis	ADDRESS Marshall, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

172
3

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

R. W. Campbell Jr.

Licensed Embalmer No.

3469

P. O. Address

Marshall, 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.