

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28418

State File No. ....

FILED AUG 17 1953

BIRTH NO. .... REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 183420  
0

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

1. PLACE OF DEATH a. COUNTY <u>Henery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Windsor</u>		c. CITY OR TOWN <u>Green Ridge</u>	
c. LENGTH OF STAY (in this place) <u>14 day</u>		d. STREET ADDRESS (If rural, give location) <u>0800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Vest</u>	
c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 4 1889</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: Months Days Hours Mtn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Green Ridge Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Shedrick Johnson</u>		13b. MOTHER'S M.A.D.E.N NAME <u>Maria (Unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary L. 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>Mary L. Johnson</u>		ADDRESS <u>Green Ridge Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Hypertensive &amp; Arteriosclerotic H.D.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>16 days</u> <u>2-3 days</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200X</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) (m.)		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 <u>Jan 26, 1953</u> , to <u>Aug 10, 1953</u> , that I last saw the deceased alive on <u>Aug 10, 1953</u> , and that death occurred at <u>12:40 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Claude M. Shurber MD</u>		23b. ADDRESS <u>Windsor Mo.</u>	
23c. DATE SIGNED <u>8/10/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-12-53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Green Ridge Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug-12-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u>		ADDRESS <u>Mar 6 Mo</u>	

JUN 20 1962

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 Paul M. Moore

Licensed Embalmer No. 3925

P. O. Address P. Moore

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.