

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29656

State File No. ....

FILED AUG 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4443 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Huntsville Mo.</b>	c. LENGTH OF STAY, (in this place) <b>42Yr.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Huntsville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At her Home</b>		d. STREET ADDRESS (If rural, give location) <b>Huntsville Mo. South Main</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Susan</b>	b. (Middle) <b>Ann</b>	c. (Last) <b>Johnson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug II 1953</b>
-------------------------------------	----------------------------	---------------------------	-----------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 6 1861</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR <b>91</b> Months <b>3</b> Days <b>5</b> Hours <b>Min.</b>
-------------------------	----------------------------------	--	---------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Randolph Co. 0</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	--	---

13a. FATHER'S NAME <b>George W. Dameron</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza Mayo</b>	14. NAME OF HUSBAND OR WIFE <b>H. C. Johnson</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. George Patton</b>	ADDRESS <b>Huntsville Mo.</b>
--	---------------------------------------	--	----------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>chronic myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mon</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio sclerosis</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	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	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) <b>4221</b>
--	--	--

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 April 15, 1953, to Aug 11, 1953, that I last saw the deceased alive on Aug 11, 1953, and that death occurred at 2:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>P. T. Dreyer M.D.</b>	23b. ADDRESS <b>Huntsville Mo.</b>	23c. DATE SIGNED <b>8/13/53</b>
--	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>AUG 13, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Huntsville</b>	24d. LOCATION (City, town, or county) (State) <b>Huntsville, MO</b>
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>8-13-53</b>	REGISTRAR'S SIGNATURE <b>Mary A. Seutler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Tom B. Patton</b>	ADDRESS <b>Huntsville</b>
--	---	--	------------------------------

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

880

880

mo

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Tom B. Patton

Signed.....  
Student Embalmer

Licensed Embalmer No. 3914

P. O. Address Huntsville, Tenn

**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.