

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38158**

**FILED DEC 8 1953**

BIRTH NO. _____		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>airfax</u>		c. LENGTH OF STAY (In this place) <u>4 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Dale Twsp.,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>airfax Community Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>none</u> <span style="float:right"><u>0030</u> <u>0</u></span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>Morris</u>		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 28 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>3-26-1887</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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>Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Rock Port, Mo.,</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Jesse Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Peebley</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Stella 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 ADDRESS <u>Virgil Johnson, St Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, severe</u>  DUE TO (c) _____  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 hours</u>  <u>2 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
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 <u>May 1</u> , 19 <u>51</u> , to <u>10/28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>10/28</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James L. Coffey M.D.</u>				23b. ADDRESS <u>airfax Mo.</u>		23c. DATE SIGNED <u>10/4/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-31-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Watson, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 4, 1953</u>		REGISTRAR'S SIGNATURE <u>Harvin G. Schaefer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bartholomew Mortuary, Rockport, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48  
00320

**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 *Grady Bartholomew*

Licensed Embalmer No. 3173

P. O. Address Rock Port. 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.