

No. 300  
10.48  
075-0  
FILED NOV 30 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39841

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 46

1. PLACE OF DEATH  
a. COUNTY Oregon  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer  
c. LENGTH OF STAY (in this place) 5 weeks  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Arkansas b. COUNTY Fulton  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem  
d. STREET ADDRESS (If rural, give location) 8030  
-8

3. NAME OF DECEASED  
a. (First) Anna b. (Middle) \_\_\_\_\_ c. (Last) Johnson  
4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married  
8. DATE OF BIRTH July 6, 1889 9. AGE (In years) (Months) (Days) 64 5 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic  
10b. KIND OF BUSINESS OR INDUSTRY Home  
11. BIRTHPLACE (State or foreign country) Salem, Arkansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Tom Chesnut 13b. MOTHER'S MAIDEN NAME Eliza Smith 14. NAME OF HUSBAND OR WIFE Henry Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) \_\_\_\_\_  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME Henry Johnson ADDRESS Salem, Arkansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Heart Disease  
\* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES (b) Arteriosclerosis  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
DUE TO (c) hypertension  
II. OTHER SIGNIFICANT CONDITIONS (c) Alcohol  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4200  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Aug 15, 1953, to Nov 1, 1953, that I last saw the deceased alive on Nov 1, 1953, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE W Cooper M.D. (Degree or title) 23b. ADDRESS Thayer 23c. DATE SIGNED 11-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/5/53 24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery 24d. LOCATION (City, town, or county) (State) Salem, Arkansas

DATE REC'D BY LOCAL REG. 11-23-53 REGISTRAR'S SIGNATURE Arthur Wolff 25. FUNERAL DIRECTOR'S SIGNATURE Walter ADDRESS Funeral Service Salem, Ark.

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

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 \_\_\_\_\_

Licensed Embalmer No. 4576

P. O. Address Meyer Ave

Signed .....  
Student Embalmer

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.