

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **40652**
 Registrar's No. **11096**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		REGISTRAR'S NO. 11096					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2067							
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		d. STREET ADDRESS (If rural, give location) 1430 ARLINGTON					
d. FULL NAME OF HOSPITAL OR INSTITUTION 1430 ARLINGTON				d. STREET ADDRESS (If rural, give location) 1430 ARLINGTON							
3. NAME OF DECEASED (Type or Print) a. (First) LEONA			b. (Middle) _____		c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) 11-19-53				
5. SEX 3 FEMALE	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH FEB. 14, 1885		9. AGE (In years last birthday) 68	10. UNDER 1 YEAR 9	11. UNDER 2 HRS. Hours Min. 9			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) BOLTON, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME JIM DOTSON			13b. MOTHER'S MAIDEN NAME LIZZIE JOHNSON			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MAUDE WILLIAMS				ADDRESS 1430 ARLINGTON			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive heart disease 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 2 days 4 days			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443x	
22. I hereby certify that I attended the deceased from March 1, 1952 , to Nov 19, 1953 , that I last saw the deceased alive on Nov 14, 1953 , and that death occurred at 11:12 m., from the causes and on the date stated above.											
23a. SIGNATURE (C.M. Turner) _____				23b. ADDRESS (Degree or title) _____ 1004 1/2 Cwing		23c. DATE SIGNED 11-21-53					
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-24-53		24c. NAME OF CEMETERY OR CREMATORY MERIDIAN, MISSISSIPPI		24d. LOCATION (City, town, or county) (State) 2707 STODDARD ST.					
DATE REC'D BY LOCAL REG. NOV 23 1953		REGISTRAR'S SIGNATURE Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE M.A.F. WALTON				ADDRESS 2707 STODDARD ST.	

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

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.