

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42252**  
Registrar's No. **411**

FILED DEC 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fulton</b>		c. CITY OR TOWN <b>Fulton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>1 hour</b>		e. STREET ADDRESS (If rural, give location) <b>Route 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Callaway County Hospital</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 20, 1953</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b>	b. (Middle) <b>DEAN</b>	c. (Last) <b>JOHNSON Jr.</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 24, 1914</b>
9. AGE (In years last birthday) <b>39</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owned and Operated Cafe</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Boone County, Missouri.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Arthur Dean Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Stella Hamilton</b>	14. NAME OF HUSBAND OR WIFE <b>Irene Davis Johnson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>DK</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. A.D. Johnson Jr., Fulton, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4-5 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro-vascular Accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Vascular Disease</b> DUE TO (c) <b>Obesity</b>		(?)
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		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 **12-20, 1953**, to **12-20, 1953**, that I last saw the deceased alive on **12-20, 1953**, and that death occurred at **9:25 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Andrew S. Lewis, M.D. County</b>	23b. ADDRESS <b>Fulton, Missouri</b>	23c. DATE SIGNED <b>12-22-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 23, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Fulton, Missouri.</b>

DATE REC'D BY LOCAL REG. <b>Dec. 26-1953</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Lawrence Parker Funeral Service Columbia, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 23 1958

DEC

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.....  
Signature of Student Embalmer

Signed.....  
*Thomas L. [Signature]*

Licensed Embalmer No.....  
4132

P. O. Address.....  
Lakewood

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.