

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42428**

FILED DEC 28 1953		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 145	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (In this place) 5 Weeks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		02 12 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.				d. STREET ADDRESS (If rural, give location) 931 Locust St.			
3. NAME OF DECEASED (Type or Print) a. (First) Harry		b. (Middle) Governor		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) December 19 1953	
5. SEX Male		6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 20 1887	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY House-cleaner		11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Smith Johnson		13b. MOTHER'S MAIDEN NAME Jennie Martin		14. NAME OF HUSBAND OR WIFE Helen Adams Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 497-14-6443		17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Johnson, Boonville, Mo			
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) Malnutrition. ANTECEDENT CAUSES Achalasia of cardia (cardiospasm). Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 About 6mos About 12 mos	
19a. DATE OF OPERATION none.		19b. MAJOR FINDINGS OF OPERATION 5390				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 11-24-53 , 19 19 , to 12-19-53 , 19 19 , that I last saw the deceased alive on 12-19 , 19 53 , and that death occurred at 7:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B.M. Stewart, M.D.				23b. ADDRESS 9325 Main; Boonville, Mo		23c. DATE SIGNED 12-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 22/1953		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
DATE REC'D BY LOCAL REG. 12/22/53		REGISTRAR'S SIGNATURE Hooper 381		25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 6 1956

DEC 6

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 G. F. Poller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.