

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43630

State File No.

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 451

1. PLACE OF DEATH a. COUNTY Marion.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls.	
b. CITY OR TOWN Hannibal, Missouri.		c. CITY OR TOWN Perry, Missouri.	
c. LENGTH OF STAY (in this place) 10 Dys		d. STREET ADDRESS (If rural, give location) 5870	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Elizabeth Hospital			

3. NAME OF DECEASED (Type or Print) George	a. (First)	b. (Middle) W.	c. (Last) Johnson	4. DATE OF DEATH Dec 19, 1953
--	------------	--------------------------	-----------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 15, 1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 4	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Min.
-----------------------	----------------------------------	--	---	--	--	-------------------------------------	--------------------------------------	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Attwood, Illinois.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	---

13a. FATHER'S NAME Geo Johnson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Opal Johnson
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ralph Selle	ADDRESS Perry, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 11 days
	ANTECEDENT CAUSES 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.		

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) Hannibal, Missouri. Ralls. Mo.
--	--	--

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 12-2-53, 19 , to 12-19-53, 19 , that I last saw the deceased alive on 12-19-53, 19 , and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> M.D.	23b. ADDRESS Hannibal, Missouri.	23c. DATE SIGNED 12-21-53
--	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-22-1953	24c. NAME OF CEMETERY OR CREMATORY Bement Cemetery	24d. LOCATION (City, town, or county) (State) Bement, Illinois.
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 1-11-54	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS Perry, Mo.
--	---	--	------------------------------

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

RECEIVED JAN 13 1954
MAYION CO. HEALTH DEPT.
DATE FILED JAN 13 1954

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 _____

Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

- 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.