

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **563**

BIRTH NO. **FILED FEB 15 1954** REG. DIST. NO. **65** PRIMARY REG. DIST. NO. **4115** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Triplet		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Triplet
d. FULL NAME OF HOSPITAL OR INSTITUTION 308 N. Main		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 308 N. Main		0210	

3. NAME OF DECEASED (Type or Print)	a. (First) Clarence	b. (Middle)	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1954
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27, 1883	9. AGE (In years) (Month) (Day) (Year) (Hours) (Min.) 70 9 4
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian School	10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and State or Foreign Country) Triplet	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Cash Johnson	13b. MOTHER'S MAIDEN NAME Ellen Broadus	14. NAME OF HUSBAND OR WIFE Mrs. Erma Johnson, wife
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none	16. SOCIAL SECURITY NO. 491-22-6122a	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Erma Johnson, Triplet, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	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"/>
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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) 4500
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **6-4** 19**47**, to **2-1-54**, 19**54**, that I last saw the deceased alive on **2-1-54**, 19**54**, and that death occurred at **5:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. H. Stewart, M.D.	23b. ADDRESS Brunswick, Mo	23c. DATE SIGNED 2/2/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/4/54	24c. NAME OF CEMETERY OR CREMATORY Triplet Cemetery	24d. LOCATION (City, town, or county) (State) Triplet, Missouri
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DATE REC'D BY LOCAL REG. 2-4-54	REGISTRAR'S SIGNATURE Mildred Boone	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George B. Marshall
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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
George H. Bee

Licensed Embalmer No. 42

P. O. Address.....
Marsh

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.