

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2115**

FILED JAN 18 1954

BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 5807		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Monroe			
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Union		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Union Township.		d. STREET ADDRESS (If rural, give location) 06408	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) Frank		b. (Middle) Edward		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) 1-6-54	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-24-1886	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours	
10a. USUAL OCCUPATION (If retired, of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Rock Island, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Alton Johnson		13. MOTHER'S MAIDEN NAME Maclia Donerickson		13. NAME OF HUSBAND OR WIFE Minnie V. Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Minnie Johnson ADDRESS Madison 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease 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. None				INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION None		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) Madison Monroe Mo		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? —					
22. I hereby certify that I attended the deceased from 1-6, 1954 , to 1-6, 1954 , that I last saw the deceased alive on 1-6, 1954 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE C. Smith		(Degree or title) M.D.		23b. ADDRESS Moberly, Mo.		23c. DATE SIGNED 1-7-54	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 1-8-54		24c. NAME OF CEMETERY OR CREMATORY St. Hill		24d. LOCATION (City, town, or county) (State) Madison Mo.	
DATE REC'D BY LOCAL REG. 4243-4		REGISTRAR'S SIGNATURE F. Q. Barnette		435		25. FEDERAL DIRECTOR'S SIGNATURE Marion E. Millon ADDRESS Moberly Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 19 1955

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 Marian E. Mellion

Licensed Embalmer No. 3957

P. O. Address Woburn, 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.