

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4049**

No. 300
10. 48

FILED MAR 8 1954

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **223**

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY Puchanan			a. STATE Missouri		b. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (in this place) 104-1m-19 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital no 2			d. STREET ADDRESS (If rural, give location) 508 main st.		
3. NAME OF DECEASED			4. DATE OF DEATH		5. SEX
a. (First) Fred			b. (Middle) Johnson		male
c. (Last) Johnson			c. (Last) Johnson		6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married			8. DATE OF BIRTH Nov 8, 1894		9. AGE (in years last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri
13a. FATHER'S NAME not given			13b. MOTHER'S MAIDEN NAME not given		14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME H. B. Johnson ADDRESS 607 East Monroe
18. CAUSE OF DEATH			MEDICAL CERTIFICATION		
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
			DUE TO (b) arterio sclerosis		
			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 4221		
19c. 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 Jan 1 , 1954, to Feb 24 , 1954, that I last saw the deceased alive on Feb 24 , 1954, and that death occurred at 2:00 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Jarresh Thomas M.D.			23b. ADDRESS St Joseph, Mo. 7, State Hospital no 2		23c. DATE SIGNED 25/24-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb 26, 1954		24c. NAME OF CEMETERY OR CREMATORY Kirksville College Osteopathy	
24d. LOCATION (City, town, or county) Kirksville, Mo		24e. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. Mar 3, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE Ernest Clark ADDRESS 120 Illinois Ave	
				CLARK FUNERAL HOME	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed *Emmanuel*

Licensed Embalmer No. 4338

P. O. Address *St. Joseph W. 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.