5. No. 300
. 10.48

1891

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9735

BIRTH NO. MAR 16 1954 REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond
c. LENGTH OF STAY (in this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 215 South St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond 0891
d. STREET ADDRESS (If rural, give location): 215 South St. 0

3. NAME OF DECEASED (Type or Print)
a. (First): MARTIN
b. (Middle): B.
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): March 5, 1954

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Nov. 9, 1868

9. AGE (In years last birthday): 85 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and State or Foreign Country): Ohio

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Wesley Johnson

13b. MOTHER'S MAIDEN NAME: Martha Jones

14. NAME OF HUSBAND OR WIFE: Mary Elizabeth Christy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 493-26-4030

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Brack Johnson, Richmond, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-6, 1954, *to* 3-5, 1954, *that I last saw the deceased alive on* 3-5, 1954, *and that death occurred at* 8:45p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): G. K. Dausault M.D.

23b. ADDRESS: Richmond, Mo.

23c. DATE SIGNED: 3-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 8, 1954

24c. NAME OF CEMETERY OR CREMATORY: Gilead Cemetery

24d. LOCATION (City, town, or county) (State): Carroll County, Mo.

DATE REC'D BY LOCAL REG.: Mar 9 - 1954

REGISTRAR'S SIGNATURE: Mabel Jackson 273-

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Thurman Funeral Home by Lloyd Thurman — Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Wed. Mar. 9th

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 Tom L Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.