

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11818

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 428

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE District of Columbia COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S. Campbell | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington | |
| c. LENGTH OF STAY (In this place) 8 days | | 80808 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners | | d. STREET ADDRESS (If rural, give location) Unknown | |

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|--|-------------------------------|---|---------------------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) David | b. (Middle) Elisa | c. (Last) Johnson | April 27, 1954 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married, present status unknown | 8. DATE OF BIRTH June 23, 1916 | 9. AGE (In years last birthday) 37 | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repairer | | 10b. KIND OF BUSINESS OR INDUSTRY Shoe Repair | | 11. BIRTHPLACE (State or foreign country) District of Columbia | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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| 13a. FATHER'S NAME Carroll Johnson | 13b. MOTHER'S MAIDEN NAME Annie West | 14. NAME OF HUSBAND OR WIFE ----- |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT'S SIGNATURE OR NAME FILE: M.C.F.P. Springfield, Missouri | ADDRESS |
|---|--|---|---------|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | |
| | | DUE TO (b) leukemia | | |
| | | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS | | schizophrenia, paranoid type | | |
| 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 checked="" type="checkbox"/> NO <input 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) ----- |
| 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 ^{the Medical Staff} attended the deceased from **Nov. 19, 1945**, to **April 27, 1954**, that I last saw the deceased alive on **April 27, 1954**, and that death occurred at **10:45 a.m.**, from the causes and on the date stated above.

| | | |
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| 23a. SIGNATURE E. C. Rinck (Degree or title) Clinical Director | 23b. ADDRESS Medical Center for Federal Prisoners, Springfield, Mo. | 23c. DATE SIGNED 4-28-54 |
|--|--|---------------------------------|

| | | | |
|--|----------------------------|------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 4/30/1954 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Washington, D. C. |
|--|----------------------------|------------------------------------|--|

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|---|--|--|---------------------------------|
| DATE REC'D BY LOCAL REG. 4-30-54 | REGISTRAR'S SIGNATURE Eartha Williamson | 25. FUNERAL DIRECTOR'S SIGNATURE Harry C. Cyp | ADDRESS Springfield, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK—MAKE PERMANENT RECORD

APR 6 1954

MAY 24 1950

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 *Harry C. [Signature]*

Licensed Embalmer No. 4594

P. O. Address Springfield, Miss.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.