

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14643**
Registrar's No. **38**

BIRTH NO. **27905-54** REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **6152**

1. PLACE OF DEATH a. COUNTY Stoddard			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter Liberty		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Elk)		108⁰
d. FULL NAME OF HOSPITAL OR INSTITUTION Sam Davis Hospital			d. STREET ADDRESS (If rural, give location) R. F. D. #1, Dexter, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) Darrell		b. (Middle) Glen	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) April 29, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH April 28, 1954	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Dexter, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Robert Lee Johnson		13b. MOTHER'S MAIDEN NAME Nora Mae Cisco		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. ----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nora M. Johnson, Dexter, 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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Respiratory Distress</i> 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.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hr
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 776 X				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)			
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 4-28-1954 , to 4-29-1954 , that I last saw the deceased alive on 4-29-1954 , and that death occurred at 1:24 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) S. S. Davis, M.D.		23b. ADDRESS Dexter, Mo.		23c. DATE SIGNED 4-29	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-30-54	24c. NAME OF CEMETERY OR CREMATORY Gregory	24d. LOCATION (City, town, or county) (State) R.F.D. #2, Kennett, Mo.		
DATE REC'D BY LOCAL REG. 4-30-54	REGISTRAR'S SIGNATURE Valma U. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey	ADDRESS Dexter, Mo.		

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.

Not Embalmed
Body