

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

17886

State File No. _____

FILED JUN 28 1954

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY OR TOWN <u>RICH HILL</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>RICH HILL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>48 YRS.</u>		e. STREET ADDRESS (If rural, give location) <u>W. ELM ST. 0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. ELM ST.</u>			

3. NAME OF DECEASED (Type or Print) <u>JOHN SUENKEN JOHNSON.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-21-1954</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE-4-1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACK SMITH.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BLACKSMITH.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>F. FRIESLAND GERMANY</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>SUENKEN JOHNSON</u>	13b. MOTHER'S MAIDEN NAME <u>NANKE LINNEMANN</u>	14. NAME OF HUSBAND OR WIFE <u>DORA JOHNSON.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dora Johnson Rich Hill Mo.</u>	ADDRESS _____
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis heart disease</u> 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 <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 1952, to June 21, 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 3:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Thomas F. Boyd D.O.</u> (Degree or title)	23b. ADDRESS <u>Rich Hill, MO</u>	23c. DATE SIGNED <u>6-25-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE-22-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LUTHERAN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>6-25-54</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna Douglas</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home Rich Hill Mo</u>	ADDRESS _____
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(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.....
Signature of Student Embalmer

Signed.....

John G. Underwood

Licensed Embalmer No. *358*

P. O. Address *Butler, N.Y.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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