

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18005

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 706

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 41 yrs

c. CITY OR TOWN St. Joseph
d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Catholic Nursing Home
1804 Faraon Street

e. STREET ADDRESS (If rural, give location) 1319 Main Street

3. NAME OF DECEASED
a. (First) MARY b. (Middle) T c. (Last) JOHNSON

4. DATE OF DEATH (Month) (Day) (Year)
June 27 1954

5. SEX Female
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 12, 1872

9. AGE (In years last birthday) 81
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) At Home

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Engstrop Denmark

12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Christ Peter Johnson (Deceased)

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 ADDRESS
MRS. Mildred HARBECK, St. Joseph, 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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA
ANTECEDENT CAUSES
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERTROCANTERIC FRACTURE OF LEFT FEMUR

INTERVAL BETWEEN ONSET AND DEATH
3 DAYS
UNKNOWN
APPR. 3 MO.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4200 F

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Joseph Buchanan Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
Apr. 29, 1954 ? m

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Slipped & Fell

22. I hereby certify that I attended the deceased from MARCH 19, 1954, to JUNE 27, 1954 that I last saw the deceased alive on JUNE 27, 1954, and that death occurred at 1:15 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lawrence H. Piper, M.D.

23b. ADDRESS 1218 N. 3RD. ST. JOSEPH, MO.

23c. DATE SIGNED 7-1-54

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

24b. DATE June 29, 1954

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery

24d. LOCATION (City, town, or county) (State) St. Joseph Missouri

DATE REC'D BY LOCAL REG. July 8, 1954

REGISTRAR'S SIGNATURE
E. M. Allison

FUNERAL DIRECTOR'S SIGNATURE ADDRESS
St. Joseph, Mo.

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

MAR 10 1956

MAY 25 1956

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 *Charles E. Bennett*

Licensed Embalmer No. *4637*

P. O. Address *St. Joseph*

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.