

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18006

FILED JUL 6 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 668

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) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 50 yrs		d. STREET ADDRESS (If rural, give location) 2615 Frederick Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		0117	

3. NAME OF DECEASED (Type or Print) a. (First) Swan b. (Middle) Johnson c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) June 7, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 19, 1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF OVER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer		10b. KIND OF BUSINESS OR INDUSTRY Artcraft engraving Co. Sweden		11. BIRTHPLACE (State or foreign country) 4		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Johnson	13b. MOTHER'S MAIDEN NAME Sissa Pierson	14. NAME OF HUSBAND OR WIFE Cordelia K. Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give date of service) 495-26-4141	17. INFORMANT'S SIGNATURE OR NAME Mrs. Cordelia K. Johnson	ADDRESS St. Joseph, Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum		INTERVAL BETWEEN ONSET AND DEATH ?
	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. Shock following resection of rectum		

19a. DATE OF OPERATION 5-14-54	19b. MAJOR FINDINGS OF OPERATION Cancer of Rectum	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)
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?

22. I hereby certify that I attended the deceased from **5-14**, 19**54**, to **6-7**, 19**54**, that I last saw the deceased alive on **6-7**, 19**54**, and that death occurred at **5:08A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul Jurganz, M.D.	23b. ADDRESS 420 78 - St Joseph Mo	23c. DATE SIGNED 6-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 8, 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. June 28, 1954	REGISTRAR'S SIGNATURE Robert M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Muecherhoffer-Gleeman, Inc.	ADDRESS St. Joseph, Mo.
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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 _____

****1

Student Embalmer No. _____ **

working under my personal supervision.

Student
**** *****
Student Embalmer

Signed

Raymond A. ...

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.