

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18167

State File No. \_\_\_\_\_  
Registrar's No. 162

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3008		State File No. _____		Registrar's No. 162	
I. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>					
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 years</u>		c. CITY OR TOWN <u>Lemay</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp #1</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 11</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Johnson</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) <u>6</u> (Day) <u>22</u> (Year) <u>54</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Feb. 20, 1878</u>		9. AGE (In years last birthday) <u>80 yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Peter Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Anderson</u>			14. NAME OF HUSBAND OR WIFE <u>RK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>OK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Fred</u> ADDRESS <u>Fulton Mo</u>					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>4221 F</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of neck of rt. femur.</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>4-15-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Open reduction - neck of rt. femur</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>Work - Suley Hall</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Fulton</u> (COUNTY) <u>Callaway</u> (STATE) <u>Mo</u>					
21d. TIME OF INJURY (Month) <u>March</u> (Day) <u>17</u> (Year) <u>1954</u> (Hour) <u>12 noon</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall on wood</u>					
22. I hereby certify that I attended the deceased from <u>Oct 9, 1952</u> , to <u>June 22, 1954</u> , that I last saw the deceased alive on <u>June 22, 1954</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. J. Greener</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>State Hosp #1</u>				23c. DATE SIGNED <u>6-22-54</u>	
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 25/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT DOPE</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>			
DATE REC'D BY LOCAL REG. <u>June 26, 1954</u>		REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>426-D J. J. Funder and Co.</u> ADDRESS <u>7420 Michigan</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 2 1935

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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Mi*

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.