5. No. 300
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FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28295

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4321 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PALMYRA
c. LENGTH OF STAY (in this place): XXXXX
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XXXXXXXXXXXXXXXXXX

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MAYWOOD 0560 1
d. STREET ADDRESS (If rural, give location): XXXXXXXXXXXXXXX

3. NAME OF DECEASED (Type or Print)
a. (First): EVERETT
b. (Middle): SIDNEY
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): AUG. 21, 1954

5. SEX: male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JULY 25, 1880
9. AGE (In years last birthday): 74 — If under 1 year: Months 0, Days 26; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONTRACTOR
10b. KIND OF BUSINESS OR INDUSTRY: CARPENTER
11. BIRTHPLACE (City and State or Foreign Country): PALMYRA, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JAMES M. JOHNSON
13b. MOTHER'S MAIDEN NAME: EVELYN KNEISDEY
14. NAME OF HUSBAND OR WIFE: PHOEBE JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): XXXXXXXXXXXXXX
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: RAY K. JOHNSON — ADDRESS: 1000 S. 24th Quincy

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
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 443X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb., 1954, *to* Aug 21, 1954, *that I last saw the deceased alive on* Aug 21, 1954, *and that death occurred at* 5.30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. H. Stukenborg M.D.
23b. ADDRESS: Palmyra Mo
23c. DATE SIGNED: 8/21/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8/24/54
24c. NAME OF CEMETERY OR CREMATORY: MAYWOOD
24d. LOCATION (City, town, or county) (State): MAYWOOD, MISSOURI

DATE REC'D BY LOCAL REG.: 8/23/54
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke, By Viola Gibson
25. FUNERAL DIRECTOR'S SIGNATURE: Charles L. Crowley Sr.
ADDRESS: LEWISTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 1 1954
MARION CO. HEALTH DEPT
DATE FILED SEP 1 1954

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 Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.