

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29857**

FILED OCT 11 1954

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

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1050	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Buchanan		b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		a. STATE Missouri		b. COUNTY DeKalb	
c. LENGTH OF STAY (In this place) 5 days		c. CITY (If outside corporate limits, write RURAL and give township) Maysville		d. STREET ADDRESS (If rural, give location) 0320 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital							
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) BERT		b. (Middle)		c. (Last) JOHNSON		(Month) (Day) (Year) Sept. 29 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 2 1877	
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DeKalb County Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME W.S. Johnson			13b. MOTHER'S MAIDEN NAME Kathrine Andrews			14. NAME OF HUSBAND OR WIFE Ollie Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ollie Johnson, Maysville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease C Cardiac Decompensation Arteriosclerosis General ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH 7 days + 7 days +	
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 4200	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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)		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 <u>9-25-54</u>, 19<u>54</u>, to <u>9-29-54</u>, 19<u>54</u>, that I last saw the deceased alive on <u>9-28-54</u>, 19<u>54</u>, and that death occurred at <u>4:45 p. m.</u>, from the causes and on the date stated above.							
23a. SIGNATURE <i>H.C. Senne MD</i>				23b. ADDRESS 207 P 3 Bldg St. Joseph, Mo.		23c. DATE SIGNED 10-1-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept 29-54		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn		24d. LOCATION (City, town, or county) (State) Maysville Mo.	
DATE REC'D BY LOCAL REG. Oct 4, 1954		REGISTRAR'S SIGNATURE <i>Leather M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PILCHER FUNERAL HOME MAYSVILLE MO.			

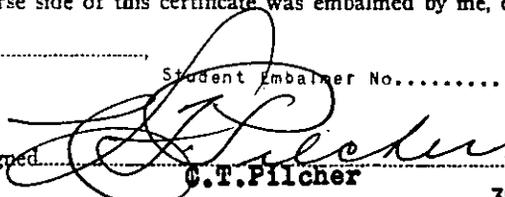
DEC 15 1954

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

C.T. Pilcher

Signed.....
Student Embalmer

Licensed Embalmer No..... 3960

P. O. Address Maysville 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.