

No. 300  
10-48

FILED OCT 20 1954

# STANDARD CERTIFICATE OF DEATH

33300

State File No. \_\_\_\_\_

4099

Registrar's No. 1645

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY OR TOWN <b>Pleasant Hill,</b>		c. CITY OR TOWN <b>Pleasant Hill</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>28 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>106 Commerical</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>106 Commerical</b>		<b>0190</b>	

3. NAME OF DECEASED (Type or Print) <b>Albert Dee Johnson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>10---12---1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>5-10-1914</b>		9. AGE (In years last birthday) <b>370</b>		10. MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/> HOURS <input type="checkbox"/> MIN. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Collins, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>William Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Lillie Bradshaw</b>		14. NAME OF HUSBAND OR WIFE <b>Ruby (Hutchison) Johnson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-10-7781</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ruby Johnson---</b> ADDRESS <b>Pleasant Hill, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>20 min.</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Acute coronary thrombosis</b>		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		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) m.		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 10-12-1954, to 10-12-1954, that I last saw the deceased alive on 10-12-1954, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>W. E. Plunk M.D.</b> (Degree or title)		23b. ADDRESS <b>Pleasant Hill, Mo</b>		23c. DATE SIGNED <b>10-13-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-15-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Hill Cent.</b>		24d. LOCATION (City, town, or county) (State) <b>Pleasant Hill, Mo.</b>	
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DATE REC'D BY LOCAL REG <b>Oct. 14, 1954</b>		REGISTRAR'S SIGNATURE <b>Dora Roward</b> <b>457-00</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Burdick</b>		ADDRESS <b>Pleasant Hill, Mo</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

REC 6 1954

RECEIVED  
OCT 18 1954  
CRASS COUNTY  
HEALTH DEPARTMENT

OCT 23

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 Byron J. Bell, Student Embalmer No. 509 working under my personal supervision.

Student Byron J. Bell  
Signature of Student Embalmer

Signed Allen Bunnfield  
Licensed Embalmer No. 978

P. O. Address Pleasant

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.