

STANDARD CERTIFICATE OF DEATH

37822

FILED DEC 6 1954

State File No. _____
REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 539V Registrar's No. 98

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOACHIM		c. CITY OR TOWN FLETCHER	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION MY VIEW CONV. HOME		e. STREET ADDRESS (If rural, give location) JEFF. CO. MO.	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) FRANKLIN c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) NOV 19 1954		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH JULY 15, 1871	
				9. AGE (In years last birthday) 83	
				11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CO.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME AUGUST JOHNSON		13b. MOTHER'S MAIDEN NAME MARY BEQUETTE		14. NAME OF HUSBAND OR WIFE DECEASED	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME RICHMOND ELZA JOHNSON 1728 DENBOTE HEIGHTS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Disease			1 week	
		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.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221			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)	
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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	
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22. I hereby certify that I attended the deceased from **June 28, 1954**, to **Nov. 19, 1954**, that I last saw the deceased alive on **Nov. 19, 1954**, and that death occurred at **9:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. [Signature]		23b. ADDRESS Crystal City, Mo.		23c. DATE SIGNED 11-22-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/21/54		24c. NAME OF CEMETERY OR CREMATORY FLETCHER	
				24d. LOCATION (City, town, or county) (State) FLETCHER MO.	

DATE REC'D BY LOCAL REG. 11-22-54		REGISTRAR'S SIGNATURE [Signature]		FUNERAL DIRECTOR'S SIGNATURE 502 [Signature] DIETRICH FUNERAL HOME, DESOTA, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0520 X

JEFFERSON COUNTY HEALTH DEPT.
HELSBORO, MISSOURI

DATE RECEIVED

NOV 30 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.....
Signature of Student Embalmer

Signed *James Richard Cady*.....
Licensed Embalmer No. *4309*.....
P. O. Address *CRYSTAL*.....

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.