

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38021

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>349</u>			
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>					
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>HANNIBAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LEVERING</u>				e. STREET ADDRESS (If rural, give location) <u>2211 W GORDON</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LE ROY</u>			b. (Middle)		c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-6-54</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>JULY 24-1931</u>			
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>HANNIBAL, MO</u>			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>THOMAS JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA JACKSON</u>		14. NAME OF HUSBAND OR WIFE <u>LOTTIE JOHNSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Use no. or explanation) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>LOTTIE JOHNSON 2211 W Gordon</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio sclerotic heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>6 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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>Sep 11</u> , 19 <u>54</u> to <u>Nov 6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 6</u> , 19 <u>54</u> , and that death occurred at <u>10-05 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M. D.</u>				23b. ADDRESS <u>707 Bdwy, Hannibal, Mo</u>		23c. DATE SIGNED <u>11-15-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>10-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ROBINSON</u>		24d. LOCATION (City, town, or county) (State) <u>HANNIBAL MO</u>			
DATE REC'D BY LOCAL REG. <u>11-17-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Hannibal</u>					

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

RECEIVED **NOV 18 1933**
MARION CO. HEALTH DEPT.
DATE FILED **NOV 18 1933**

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 *Geo E Roberts*

Licensed Embalmer No. *2113*

P. O. Address *Harris*

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.