

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38256

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 417

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>404 N. Ohio</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>404 N. Ohio, St.</u>		080%	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Perl</u> b. (Middle) <u>Dewey</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 2, 1900</u>		9. AGE (In years last birthday) <u>54 yr.</u>		10. USUAL OCCUPATION (New kind of work done during most of working life, even if retired) <u>Bar-Tender</u>	
11. BIRTHPLACE (State or foreign country) <u>Boonville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fraternial Club</u>	

13a. FATHER'S NAME <u>John Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Lucas</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Janie Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-09-7085</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Janie Johnson-Sedalia, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 Min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cardio-Tubercular Degeneration</u>		2 yrs.	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Chronic Parenchymatous Nephritis</u>		unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 Dec 23, 1952, to Nov 26, 1954, that I last saw the deceased alive on Nov 26, 1954, and that death occurred at 8 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. R. Maddox M.D.</u>		23b. ADDRESS <u>116 1/2 W. Main</u>		23c. DATE SIGNED <u>11-29-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 30, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia MO.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE		24f. ADDRESS	

DATE REC'D BY LOCAL REG. <u>11-30-54</u>		REGISTRAR'S SIGNATURE <u>Jovna Cooney Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maice</u>	
				ADDRESS <u>407 W. Cooney</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Eric Albano

Signed.....

Student Embalmer

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.