

FILED NOV 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38317**

BIRTH NO. _____		REG. DIST. NO. <b>276</b>		PRIMARY REG. DIST. NO. <b>4410</b>		Registrar's No. <b>53</b>	
1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. James</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St. James</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Soldiers Home Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>0810</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b>		b. (Middle) _____		c. (Last) <b>Johnson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 18, 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Sept 21, 1892</b>	
9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clock Repairman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Butler Co, Missouri</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Butler Co, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Mont Russel</b>		13b. MOTHER'S MAIDEN NAME <b>Mont Russel</b>	
13a. FATHER'S NAME <b>Mont Russel</b>		13b. MOTHER'S MAIDEN NAME <b>Mont Russel</b>		14. NAME OF HUSBAND OR WIFE <b>Mont Russel</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <b>Yes WAW-1</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) <b>Yes WAW-1</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Soldiers Home Records</b>			
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.		<p><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastro-Intestinal Hemorrhage</b></p> <p>ANTECEDENT CAUSES (b) <b>Chronic Duodenal ulcer Indefinite</b></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				<p>INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b></p>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>5410</b> 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 <b>5-26</b> , 19 <b>54</b> , to <b>Nov 18</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>11-18</b> , 19 <b>54</b> , and that death occurred at <b>11:20</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Gold. Grosskrub, M.D. St. James, Mo</b>				23b. ADDRESS _____		23c. DATE SIGNED <b>11-21-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov 21, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Soldiers Home Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. James, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>11-23-54</b>		REGISTRAR'S SIGNATURE <b>Ruth B. Powell 479</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Jones, St. James, Mo</b>			

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

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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 *C. James Galt* ..... Licensed Embalmer No. 448

P. O. Address St. James,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.