No. 300
10-48

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41569

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 112

542
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1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Lexington~~ Lexington
c. LENGTH OF STAY (in this place): one hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 203 North 2nd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Kansas
b. COUNTY: Leavenworth
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wadsworth Veteran Hospital
d. STREET ADDRESS (If rural, give location): Wadsworth Kansas 8150 8

3. NAME OF DECEASED (Type or Print)
a. (First): Emmett
b. (Middle): Lee
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Dec 24 1954

5. SEX: Male
6. COLOR OR RACE: Negro Colored
7. ~~MARRIED~~, NEVER MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): [illegible]
8. DATE OF BIRTH: Sept. 19, 1890
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: employee Army man.
11. BIRTHPLACE (City and State or Foreign Country): Lexington Mo. O
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Johnson
13b. MOTHER'S MAIDEN NAME: Maria Lee
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W. W. No. 1
16. SOCIAL SECURITY NO.: 499-14-4172
17. INFORMANT'S SIGNATURE OR NAME: Emlie Johnson — ADDRESS: Lexington Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

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.: Left Hemiplegia. Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No surgery 4201
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* After death, 19 0, *to* Dec 24, 19 54, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 3 W. Martin M.D. Coroner
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: 12-24-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 30-Dec, 1954
24c. NAME OF CEMETERY OR CREMATORY: Forest Green
24d. LOCATION (City, town, or county) (State): Lexington Mo.

DATE REC'D BY LOCAL REG.: 1-4-55
REGISTRAR'S SIGNATURE: Minnie E. Eastabrook 156-10
25. FUNERAL DIRECTOR'S SIGNATURE: George J. Green — ADDRESS: Lexington Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 13 1955

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 .....
Student Embalmer

Signed.....

Licensed Embalmer No. 4220

P. O. Address, Meadville 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.