

FILED DEC 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41684

41684

BIRTH NO.		REG. DIST. NO. 199		PRIMARY REG. DIST. NO. 5731		Registrar's No. 10			
1. PLACE OF DEATH a. COUNTY Macon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Macon					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ethel, (White Twp)		c. LENGTH OF STAY (in this place) 2 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ethel,		6610			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At home of Alonzo Williams				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) Ernest			b. (Middle)		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) Dec. 15, 1954		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 18, 1884		9. AGE (In years last birthday) IF UNDER 1 YEAR 70 6 27 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (State or foreign country) Macon County Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jim Johnson			13b. MOTHER'S MAIDEN NAME Ella Marr			14. NAME OF HUSBAND OR WIFE deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alonzo Williams Ethel, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>  DUE TO (c) <u>Senility</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  4201						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>Dec 15, 1954</u> , to <u>Dec 16, 1954</u> , that I last saw the deceased alive on <u>Dec 15, 1954</u> , and that death occurred at <u>11:15 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>B. A. Dewilbess, Jr. D.O.</u>				23b. ADDRESS <u>Berklin mo</u>			23c. DATE SIGNED <u>12-16-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>Dec 17, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bunge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elmer, Missouri.</u>			
DATE REC'D BY LOCAL REG. 12/16/1954		REGISTRAR'S SIGNATURE <u>Laphue Howerton</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Larson Funeral Service, Ethel, Mo.</u> Rt. - C. A. Larson				

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

610

RECEIVED

12-21-54

WAGON COUNTY HEALTH DEPARTMENT

County File No. 12.34.195

Date Filed 12.24.54

AUG 31 1954

(21)

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 E. J. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.