

FILED MAR 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 5292

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY **JASPER**
b. CITY (If outside corporate limits, write RURAL and give township) **JOPLIN**
c. LENGTH OF STAY (In this place) **10 YRS**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **409 1/2 KENTUCKY AVE.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY **JASPER**
c. CITY (If outside corporate limits, write RURAL and give township) **JOPLIN** 0495
d. STREET ADDRESS (If rural, give location) **409 1/2 KENTUCKY AVE.** 0

3. NAME OF DECEASED
a. (First) **TOMMY (TOM)** b. (Middle) **JAMES** c. (Last) **JOHNSON**
4. DATE OF DEATH (Month) (Day) (Year) **FEB. 25, 1955**

5. SEX **M** 2. COLOR OR RACE **NEGRO** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **OCT. 15, 1904** 9. AGE (In years last birthday) **50** 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) **PORTER** 10b. KIND OF BUSINESS OR INDUSTRY **GENERAL** 11. BIRTHPLACE (State or foreign country) **CLINTON, LA.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **unknown** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **LOUISE JOHNSON**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW I** 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **LOUISE JOHNSON, 409 1/2 KENTUCKY AVE.** ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **7 hours**
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Idiopathic Hypertension** Unknown
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **331X** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2-25-1955** to **2-25-1955**, that I last saw the deceased alive on **2-25-1955**, and that death occurred at **10:00A** m., from the causes and on the date stated above.

23a. SIGNATURE **R. A. Mahoney Do** (Degree or title) 23b. ADDRESS **110 W. 15th-Joplin, Mo.** 23c. DATE SIGNED **2-26-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **3-1-55** 24c. NAME OF CEMETERY OR CREMATORY **PARKWAY CEMETERY** 24d. LOCATION (City, town, or county) (State) **JOPLIN, MISSOURI**

DATE REC'D BY LOCAL REG. **2-28-55** REGISTRAR'S SIGNATURE **By Robert Sampkins** 25. FUNERAL DIRECTOR'S SIGNATURE **STEVE PARKER MORTUARY, JOPLIN, MO.** ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 9 1955

County File Number 25-3-153
Date Filed MAR 7 - 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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Gophier 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.