

FILED APR 21 1955
RN-8735
XC-583797

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11142
State File No. 263
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY OR TOWN Poplar Bluff		c. CITY OR TOWN Poplar Bluff	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 days		STREET ADDRESS (If rural, give location) 620 Poplar	
d. FULL NAME OF HOSPITAL OR INSTITUTION VA Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) LEE b. (Middle) (NMI) c. (Last) JOHNSON	4. DATE OF DEATH (Month) (Day) (Year) April 8, 1955
5. SEX Male	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 30, 1879
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 75 IF UNDER 24 HRS. Days Hours Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician	10b. KIND OF BUSINESS OR INDUSTRY Electric
11. BIRTHPLACE (City and State or Foreign Country) Ava, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BUD JOHNSON	13b. MOTHER'S MAIDEN NAME FLORA WILLIAMS	14. NAME OF HUSBAND OR WIFE CORNELIA JOHNSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 498304498	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) VA	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 **April 6, 1955**, to **April 8, 1955**, and that death occurred at **12:40a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. D. BASKETT E. D. BASKETT, M.D., Chief Med. Ser.	23b. ADDRESS VA Hospital Poplar Bluff, Mo.	23c. DATE SIGNED 4-8-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-11-55	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Poplar Bluff Mo
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DATE REC'D BY LOCAL REG. 4/12/55	REGISTRAR'S SIGNATURE B. D. Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE Lee Cray & Jetch	ADDRESS Poplar Bluff
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
APR 18 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 4-8-55, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Phil A. Leichel

Licensed Embalmer No. 292

P. O. Address Butler, Pa.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.