

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20854**

FILED JUN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4576** Registrar's No. **46**

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

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farey</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>1 mo</b>		e. STREET ADDRESS (If rural, give location) <b>7427 Linwood 29</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>home Farey</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Earl</b>	b. (Middle) <b>Hester</b>	c. (Last) <b>Johnson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 13, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec 28 1889</b>	9. AGE (If under 1 year last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b>15</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postal Employee</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Natural Gas Company</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. COUNTRY OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Reason Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Emma</b>	14. NAME OF HUSBAND OR WIFE <b>Baniba Johnson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Baniba Johnson</b> ADDRESS <b>Farey, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Acute Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Heart disease for several years</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) <b>Natural</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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
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22. I hereby certify that I attended the deceased from **6-13, 1955**, to **6-17, 1955**, that I last saw the deceased **alive on 6-13** and that death occurred at **7:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harry Farey</b>	23b. ADDRESS <b>7427 Linwood, St. Louis, Mo</b>	23c. DATE SIGNED <b>6-14-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>6-17-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Nevada Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>
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DATE REC'D BY LOCAL REG. <b>6/18/55</b>	REGISTRAR'S SIGNATURE <b>Helen Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sherton Funeral Home</b> ADDRESS <b>St. Louis, Mo</b>
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FEB 6 1958

AUG 19 1955

JUN 21 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.....  
Signature of Student Embalmer

Signed *Walter S. Cook*.....

Licensed Embalmer No..... 47

P. O. Address *San Jose*.....

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.