

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21498

State File No. _____

No. 300
10.48

FILED AUG 1 - 1955

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BIRTH NO. _____		REG. DIST. NO. <u>09</u>		PRIMARY REG. DIST. NO. <u>4120</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Christian</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clever</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 Yrs.</u>		c. CITY OR TOWN <u>Clever</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Locker Plant</u>				e. STREET ADDRESS (If rural, give location) <u>Main Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>			b. (Middle) <u>TRACY</u>		c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 12, 1891</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 YRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Locker Plant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Henry Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Frances Beasley</u>		14. NAME OF HUSBAND OR WIFE <u>Bonnie Wood</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-36-3444</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry Johnson, Clever, Mo.</u>			
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>Arteriosclerotic Heart Disease</u>					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ <u>4200</u>					
		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"/>	
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) _____ m.		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>7 June, 1954</u> , to <u>18 July, 1955</u> , that I last saw the deceased alive on <u>24 June, 1955</u> , and that death occurred at <u>5:50 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Stanley A. Peterson MD</u> (Degree or title)				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>19 July 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/21/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pierce City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Pierce City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 21, 1955</u>		REGISTRAR'S SIGNATURE <u>Oline Hester</u> <u>508</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Dean Harris</u>		ADDRESS <u>Clever, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *John Dean Harris*

Licensed Embalmer No. *4390*

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