

Dr. Kaiser
FILED JUL 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23079

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY Pemiscot

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri b. COUNTY Pemiscot

b. CITY (If outside corporate limits, write RURAL and give town or township) Hayti

c. CITY OR TOWN Hayti

d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) 9 days

f. STREET ADDRESS (If rural, give location) Rear 205 E. Jefferson

3. NAME OF DECEASED
a. (First) Charles Johnson b. (Middle) or Theodore Bosley c. (Last) _____
(Type or Print)

5. SEX Male

6. COLOR OF RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 4, 1889

9. AGE (In years, if under 1 year, last birthday) Months Days Hours Min. 65 10 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labourer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and State or Foreign Country) Arkansas

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 Georgia Johnson

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. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Georgia Johnson Hayti, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

ANTECEDENT CAUSES
DUE TO (b) Hypertensive Cardio-Vascular
DUE TO (c) disiae

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 443K

INTERVAL BETWEEN ONSET AND DEATH 8 days
1 month

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

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) m. _____

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 6-29, 1955, to 7-7, 1955, that I last saw the deceased alive on 7-7, 1955, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C.D. Kaiser M.D.

23b. ADDRESS Hayti, Mo

23c. DATE SIGNED 7-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-9-55

24c. NAME OF CEMETERY OR CRYPTORY County Cemetery

24d. LOCATION (City, town, or county) (State) Hayti Mo Rural

DATE REC'D BY LOCAL REG. 7-22-55

REGISTRAR'S SIGNATURE John St. German

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John St. German Hayti, Mo.

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

7-217-55

JUL 27 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

SEP 1 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.