

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27139

State File No. \_\_\_\_\_

No. 300  
10-48

FILED AUG 31 1955

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>3050</u>		Registrar's No. <u>73</u>			
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Caruthersville</u>		d. STREET ADDRESS (If rural, give location) <u>1800 Ward Ave</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1800 Ward Ave</u>				d. STREET ADDRESS <u>1800 Ward Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Humphrey</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-17-1955</u>						
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May-18-1878</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>29</u>	11. UNDER 24 HRS. Hours <u>2</u> Mins. <u>29</u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Merchant &amp; Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callersville Tenn</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Wm. Henry Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>May Montgomery Robusta Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Johnson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-01-4229</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Johnson</u> ADDRESS <u>Ann. Ohio</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction Myocardium</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		
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)			
21d. TIME OF INJURY		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>house</u> , 19 <u>53</u> , to <u>May 17, 1955</u> , that I last saw the deceased alive on <u>Dec. 17, 1953</u> , and that death occurred at <u>6:30 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. J. Davis</u> (Degree or title)				23b. ADDRESS <u>Caruthersville Mo</u>				23c. DATE SIGNED <u>8/19/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-20-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo</u>			
DATE REC'D BY LOCAL REG. <u>8-22-1955</u>		REGISTRAR'S SIGNATURE <u>Tressie B. Wilke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge and Co. Caruthersville</u> ADDRESS					

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

8-246-55

AUG 29 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

AUG 8 1956

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 .....

Student Embalmer

Signed

*Noel C Dean*

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.