

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

State File No. **29122**
Registrar's No. **504**

FILED SEP 29 1955

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **4059**

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 (If outside corporate limits, write RURAL and give township) OR TOWN Neelyville		c. CITY OR TOWN Neelyville	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) 8 mos.		e. STREET ADDRESS (or rural, give location) P.O. Box 324	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Willie Johnson	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1955
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5. SEX male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Jan. 16 - 1890	9. AGE (In years, last birthday) 65	IF UNDER 1 YEAR 1 MONTHS 1 DAY	IF UNDER 24 HRS. 16 Hours 16 Min.
10a. USUAL OCCUPATION (Give kind of work or doing most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Beardson Ark.		12. CITIZEN OF WHAT COUNTRY U.S.A.		

13a. FATHER'S NAME Robert Johnson	13b. MOTHER'S GIVEN NAME Betty Cleveland	14. NAME OF HUSBAND OR WIFE Addie Johnson
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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) No	16. SOCIAL SECURITY NO. 492-038-215	17. INFORMANT'S SIGNATURE OR NAME Addie Johnson, Neelyville.	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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) 331X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Sept 7	19b. MAJOR FINDINGS OF OPERATION Normal	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Normal	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Aug 30, 1955**, to **Sept 7, 1955**, that I last saw the deceased alive on **Aug 30, 1955** and that death occurred at **7:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE St Cowhill MD	(Name or title)	23b. ADDRESS Neelyville Mo	23c. DATE SIGNED 9/14/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) 9-11-1955	24b. DATE 9-11-1955	24c. NAME OF CEMETERY OR CREMATORY Neelyville	24d. LOCATION (City, town, or county) (State) Neelyville Mo
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DATE REC'D BY LOCAL REG. 9/20/55	REGISTRAR'S SIGNATURE W. H. Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Smith	ADDRESS Sikeston, Mo
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WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

RECEIVED

SEP 26 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

SEP 29 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 *Fred J. Smith*
Licensed Embalmer No. *442*
P. O. Address *Butler*

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.