

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29185**

FILED OCT 3- 1955

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **365**

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Gir.		
b. CITY OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 1 1/2 hrs.	c. CITY OR TOWN Cape Girardeau		d. STREET ADDRESS 529 S. Frederick St.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Frances Hospital			(If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Lou c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) Sept. 15, 1955		
5. SEX Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 25, 1888		9. AGE (In years last birthday) 66
if UNDER 1 YEAR 9	if UNDER 1 MONTH 21	if UNDER 24 Hrs. 16 1/2	if UNDER 1 Hour	if UNDER 1 Min.	if UNDER 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Alec Cravens		
13b. MOTHER'S MAIDEN NAME Easter Green			14. NAME OF HUSBAND OR WIFE Louis Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Cape Gir. Louis Johnson, 529 S. Frederick, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Atherosclerotic heart disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) H200 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 10 yrs.		
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)		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 August 10, 1955, to Sept 15, 1955, that I last saw the deceased alive on Sept 15, 1955, and that death occurred at 11:05 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John Crowe, MD			23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED Sept 20, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/19/55	24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
DATE REC'D BY LOCAL REG. 9-26-55		REGISTRAR'S SIGNATURE 44-0 T.O. Summers		25. FUNERAL DIRECTOR'S SIGNATURE F. D. Sparks	
ADDRESS		ADDRESS Cape Gir., Mo.			

(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
Student Embalmer

Signed Frank J. Sparks
Licensed Embalmer No. 3455

P. O. Address Capo Grande

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.