

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29971**

FILED OCT 5 - 1955

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **141**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) WEBB CITY		c. CITY OR TOWN WEBB CITY	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) 40YRS		e. STREET ADDRESS (If rural, give location) 1412 WEST 7TH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1412 WEST 7TH STREET			

3. NAME OF DECEASED (Type or Print)	a. (First) PEARL	b. (Middle) E.	c. (Last) JOHNSON	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 27, 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 4, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Hours 29 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHIPPING CLERK	10b. KIND OF BUSINESS OR INDUSTRY WHOLESALE GROCERY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ANDREW H. JOHNSON	13b. MOTHER'S MAIDEN NAME JULIA WATSON	14. NAME OF HUSBAND OR WIFE STELLA M. JOHNSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-01-6214	17. INFORMANT'S SIGNATURE OR NAME MRS. STELLA M. JOHNSON	ADDRESS WEBB CITY, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 years.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular renal disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) 442XA		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis		at least 3 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)
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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?
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22. I hereby certify that I attended the deceased from **11-24, 1953**, to **9-29, 1955**, that I last saw the deceased alive on **9-29, 1955**, and that death occurred at **3AM** m., from the causes and on the date stated above.

23a. SIGNATURE Mrs. Madeline Switzer (Degree or title) MD	23b. ADDRESS Webb City Mo	23c. DATE SIGNED 9/27/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-29-1955	24c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY	24d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 9-28-55	REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	25. FUNERAL DIRECTOR'S SIGNATURE HEDGE LEWIS	ADDRESS FUNERAL HOME WEBB CITY, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 22-10-21-2
Date Filed OCT 3 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 *Leonard J. Lewis Jr.*
Licensed Embalmer No. 456

P. O. Address *Wellb...*

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.