

FILED OCT 11 1955

STANDARD CERTIFICATE OF DEATH

State File No. 32001

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6191 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>			
b. CITY. (If outside corporate limits, write RURAL and give township) <u>Rocky Beach</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rockaway Beach</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>PO Box 1060</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 3 - 55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>N</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 13 - 1972</u>		9. AGE (In years last birthday) <u>72</u> If UNDER 1 YEAR Months Days If UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MERCHANT</u>		11. BIRTHPLACE (State or foreign country) <u>BEDFORD-ENGLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>W. JOHNSON</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None 493-22-2307</u>		17. INFORMANT'S SIGNATURE OR NAME <u>HAROLD P. SMITH</u> <u>ROENREBSBY</u> <u>BEADY</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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 <u>9-16</u> , 195 <u>3</u> , to <u>10-3</u> , 195 <u>3</u> ; that I last saw the deceased alive on <u>10-3</u> , 195 <u>3</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul C. Minnich</u> (Degree or title)				23b. ADDRESS <u>Joseph J. ...</u>		23c. DATE SIGNED <u>10/11/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-5-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OSARK M. PARK</u>		24d. LOCATION (City, town, or county) (State) <u>BRANSON MO</u>		
DATE REC'D. BY LOCAL REG. <u>10/8/55</u>		REGISTRAR'S SIGNATURE <u>Heleen Campbell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WALTER F. HOME</u>		ADDRESS <u>BRANSON MO</u>	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Minnie L. Wheeler*

Signed.....
Student Embalmer

Licensed Embalmer No. *2277*

P. O. Address *Princeton, N.J.*

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.