

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **32132**BIRTH NO. **51434-55** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **200**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before --a. STATE: Missouri b. COUNTY: Audrain)	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Mexico		c. CITY OR TOWN Mexico m	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) 1 hour		e. STREET ADDRESS (If rural, give location) 601 Carson St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Gene b. (Middle) Louis c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) Oct. 17, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED, <input type="checkbox"/> SEPARATED Never married	8. DATE OF BIRTH Aug. 18, 1955
9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 29	IF UNDER 24 HRS. Hours 29 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Wellsville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Robert Johnson		13b. MOTHER'S MAIDEN NAME Virginia Burch	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (no. or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Robert Johnson, Mexico, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 492x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) m.	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 Oct 17, 1955 to Oct 17, 1955 , that I last saw the deceased alive on Oct 17, 1955 , and that death occurred at 4:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. L. Lavefare		23b. ADDRESS 14. J. Miller	23c. DATE SIGNED Oct 18 55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 19, 55	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Mexico, Mo.
DATE REC'D BY LOCAL REG. Oct 18-1955	REGISTRAR'S SIGNATURE Blanche Steely	FUNERAL DIRECTOR'S SIGNATURE Orrett Hutton	ADDRESS Mexico, 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.....
Signature of Student Embalmer

Signed *Ralph L. Hueston*.....

Licensed Embalmer No. 4687

P. O. Address Mexico, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.