

FILED NOV 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 32727

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 5423 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Senath		c. CITY OR TOWN Senath	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION.		e. STREET ADDRESS (If rural, give location) Rt 7 0350	

3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) Ray c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 55		
5. SEX M	6. COLOR (or RACE) W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 23, 1912	9. AGE (In years last birthday) 43	# UNDER 1 YEAR Months 0 # UNDER 2 HRS. Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agri.	11. BIRTHPLACE (City and State or Foreign Country) Senath		12. CITIZEN OF WHAT COUNTRY US
13a. FATHER'S NAME Robert O. Johnson		13b. MOTHER'S MAIDEN NAME Lillie Higginbotham	14. NAME OF HUSBAND OR WIFE Ada Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ada Johnson, Senath, Mo		

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		4201
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) (Min.)	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 **10-15-55**, **1955**, to **10-15-**, **1955**, that I last saw the deceased alive on **about 6:00 a.m.** and that death occurred at **12:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Loyle O. Osende M.D.		23b. ADDRESS Senath Mo	23c. DATE SIGNED 10/15/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/17/55	24c. NAME OF CEMETERY OR CREMATORY Sula	24d. LOCATION (City, town, or county) (State) Senath Mo
DATE REC'D BY LOCAL REG. 10-20-55	REGISTRAR'S SIGNATURE Mrs. J. H. Harris	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Paul J. Smith, Senath	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT ...10-31-55...
COUNTY FILE NUMBER 10.55-

NOV 25 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.....
Edawson

Licensed Embalmer No. *48*

P. O. Address *Senat*

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.