

FILED NOV 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **37653**

| | | | | | | | | |
|--|--|--|---|---|-----------------|---|-------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>267</u> | | PRIMARY REG. DIST. NO. <u>3049</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Pemiscot</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harts</u> | | c. LENGTH OF STAY (If applicable) <u>3 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Caruthersville</u> | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot Memorial Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Refuge Ave</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>D</u> c. (Last) <u>JOHNSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-7-1955</u> | | 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>Negro</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>May-10-1935</u> | | 9. AGE (In years last birthday) <u>7</u> Months <u>27</u> Days | | 10. USUAL OCCUPATION (What kind of work done during present working life, even if retired) <u>Auto</u> | | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Caruthersville</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | |
| 13a. FATHER'S NAME <u>Paul Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ann Lee Johnson</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</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</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Ann Lee Johnson</u> | | ADDRESS <u>Caruthersville</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. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrosis</u> | | | | ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>591X</u> 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 <u>10/22</u> , 19 <u>55</u> , to <u>11-7</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-7</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Walter R. McCoy M.D.</u> | | | | 23b. ADDRESS <u>Caruthersville Mo.</u> | | 23c. DATE SIGNED <u>11/10/55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>11-9-55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Budge</u> | | 24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>11-16-55</u> | | REGISTRAR'S SIGNATURE <u>Lyde A. Briggs</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge Fuel Co. Caruthersville Mo.</u> | | | | |

(Use and Embelmer's Statement on Reverse Side)

11-320-55

NOV 15 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

not

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

Noel C. Dean

Licensed Embalmer No.

3941

P. O. Address

Caruthersville

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.