

FILED DEC 21 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39635

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5109</u>		Registrar's No. <u>90</u>			
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural - Crooked Creek</u>		c. LENGTH OF STAY (in this place) <u>12 years</u>		c. CITY OR TOWN <u>13 mi. S.E. of Fredericktown</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>13 mil S.E. of Fredericktown</u>				STREET ADDRESS (If rural, give location) <u>2090</u>					
3. NAME OF DECEASED (Type or Print) <u>Arthur</u>		a. (First)		b. (Middle) <u>Louis</u>		c. (Last) <u>Johnson</u>			
4. DATE OF DEATH <u>December 9, 1955</u>		4. DATE OF DEATH (Month) (Day) (Year)							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 13, 1895</u>			
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>James Henry Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara A. Loberg</u>			14. NAME OF HUSBAND OR WIFE <u>Innie Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Johnson</u>				ADDRESS <u>- Patton, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Had a Coronary Embolus 9/2/1955</u> DUE TO (c) <u>H201</u>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>April 1927</u> to <u>Dec 9, 1955</u> , that I last saw the deceased alive on <u>Dec 6, 1955</u> , and that death occurred at <u>4:30 P.M.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>M. Slaughter</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>135th Main Fredericktown</u>				23c. DATE SIGNED <u>12/11/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/14/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Light Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-13-1955</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Cradick</u>		520		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Padamson</u>		ADDRESS <u>Fredericktown, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 21 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *F. J. Shannon*

Licensed Embalmer No. *435*

P. O. Address *FREDERICK*

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.