

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4161

State File No.

BIRTH NO.		REG. DIST. NO. <u>74</u>	PRIMARY REG. DIST. NO. <u>5295</u>	Registrar's No. <u>8</u>
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u> <u>0250</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lewis Rest Home.</u>		d. STREET ADDRESS (If rural, give location) <u>406 N 8TH</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 24 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Oct. 24 1900</u>	9. AGE (In years last birthday) <u>55</u> If UNDER 1 YEAR: Month <u>4</u> Days <u>0</u> If UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Plattsburg Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Anthony Johnson</u>		
13b. MOTHER'S MAIDEN NAME <u>MIRTA MONTGOMERY</u>		14. NAME OF HUSBAND OR WIFE <u>X</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> <u>X</u> <u>X</u>		16. SOCIAL SECURITY NO. <u>496-07-9958</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Walter Hagen</u> ADDRESS <u>Plattsburg Mo.</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 Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>72 hrs</u> <u>1 yr</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>33ix</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) (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>Jan 1955</u> , to <u>Feb 24, 1956</u> , that I last saw the deceased alive on <u>Feb 24, 1956</u> , and that death occurred at <u>10 P. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. J. Sheldine MD</u> (Degree or title)		23b. ADDRESS <u>Plattsburg Mo.</u>		23c. DATE SIGNED <u>Feb 24 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 27 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galvary</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 29-56</u>	REGISTRAR'S SIGNATURE <u>Elizabeth Secor</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. D. Lyon</u> ADDRESS <u>Plattsburg, 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

Phillips E. Cox

Student Embalmer No.

578

working under my personal supervision

Student

Phillips E. Cox
Student Embalmer

Signed

Donald D. Lyon

Licensed Embalmer No.

3640

P. O. Address

Plattsburg, Mo

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.