

FILED MAR 27 1956

STANDARD CERTIFICATE OF DEATH

State File No. 8671

BIRTH NO. REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5430 Registrar's No. 567

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo	
b. CITY OR TOWN Rural Central Township		b. COUNTY Franklin	
c. CITY OR TOWN Rural		c. CITY OR TOWN Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Central Township		e. STREET ADDRESS St.-Clair Mo. R 711	

3. NAME OF DECEASED (First) Edith		b. (Middle) Josephine		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) 3-3-1954	
5. SEX F		6. COLOR OR RACE W		8. DATE OF BIRTH 10-10-1879		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE St.-Clair Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Johnson		13b. MOTHER'S MAIDEN NAME Christina Johnson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO		17. INFORMANT'S SIGNATURE OR NAME Mammie Johnson - St.-Clair 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra cranial		INTERVAL BETWEEN ONSET AND DEATH Sudden	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cerebral hemorrhage			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition directly causing death.		Arteriosclerosis - 2 yrs			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		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)		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 1954 to 3-3-56, that I last saw the deceased alive on 3-3-56 and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dr. W. E. Ketchum		23b. ADDRESS St.-Clair Mo		23c. DATE SIGNED 3-4-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-6-56		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		24d. LOCATION (City, town, or county) (State) St.-Clair Mo	
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DATE REC'D BY LOCAL REG. 3-6-56		REGISTRAR'S SIGNATURE Floyd Williams		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS St. Clair Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

511

1961 8 NOV
1961 8 100

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 *Sherwood W. Kitchell*

Licensed Embalmer No. *387*

P. O. Address *St. Clair*

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.