

XC-14 363 728

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18083

State File No.

REG. NO. 14695

ST-9122 FILED MAY 25 1956

318

PRIMARY REG. DIST. NO. 1003 Registrar's No. 4759

BIRTH NO.

REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MACON		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 73 DAYS	c. CITY OR TOWN NIANTIC		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP			e. STREET ADDRESS (If rural, give location) BOX 33		
3. NAME OF DECEASED (Type or Print) a. (First) BILL b. (Middle) R. c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) 5-10-56		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-7-21	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) MINISTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME VERNE R. JOHNSON		13b. MOTHER'S MAIDEN NAME CLAUDIA GOODMAN		14. NAME OF HUSBAND OR WIFE BETTY F. JOHNSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-II		16. SOCIAL SECURITY NO. 331 14 8801	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSP. RECORDS., 915 N. GRAND, ST. LOUIS, 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) ACUTE CARDIAC FAILURE, CAUSE UNDETERMINED			ANTECEDENT CAUSES		
* This does not mean the mode of dying, such as heart failure, ashenia, 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)		
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death. MALNUTRITION		540.0
19a. DATE OF OPERATION 3-15-56		19b. MAJOR FINDINGS OF OPERATION MULTIPLE PROCEDURES FOR PEPTIC ULCERATION AND POST OPERATIVE OBSTRUCTION			20. AUTOPSY? YES <input checked="" 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) m.		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 2-27, 1956, to 6-10, 1956, and that death occurred at 2:05p. m., from the causes and on the date stated above.					
23a. SIGNATURE OF REGISTRAR W. FITZPATRICK MD			23b. ADDRESS VAH, 915 N. GRAND, ST. LOUIS, MO.		23c. DATE SIGNED 5-10-56
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5-12-56	24c. NAME OF CEMETERY OR CREMATORY Pakota, Illinois		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. MAY 16 1956		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Cox and Martin, Pakota, Illinois	

(Licensed Embalmer's Statement on Reverse Side)

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

MS
SEP 6
1960

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 *Ben E. Johnson*

Licensed Embalmer No.

P. O. Address

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.