

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24802**BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 260

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b> c. LENGTH OF STAY (in this place) <b>1 da.</b>		c. CITY OR TOWN <b>Doe Run</b> 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 <b>Mineral Area Osteo Hosp.</b>		STREET ADDRESS (If rural, give location) <b>0940</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CAROLINE</b>	b. (Middle) <b>JOHNSON</b>	c. (Last) <b>JOHNSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 25, 1956</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Aug 5, 1867</b>	9. AGE (In years last birthday) <b>88</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Francois Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Weiss</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Schaefer</b>	14. NAME OF HUSBAND OR WIFE <b>John H. Johnson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ethyl Williams</b>	ADDRESS <b>1806 Iowa St. Louis, Mo</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		<b>12 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>4201</b>		<b>years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Strangulated Femoral Hernia</b>		<b>24 hrs.</b>	

19a. DATE OF OPERATION <b>7/25/56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Strangulated Femoral Hernia - gangrene</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7/24, 1956, to 7/25, 1956, that I last saw the deceased alive on 7/25, 1956, and that death occurred at 2:38 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>Saml. J. Spear</b> (Degree or title) <b>Dr.</b>	23b. ADDRESS <b>Farmington, Mo</b>	23c. DATE SIGNED <b>7/26/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July-27, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>IOOF Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Doe Run, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 26, 1956</b>	REGISTRAR'S SIGNATURE <b>Ethel Reddick</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sparks F. Home</b>	ADDRESS <b>Flat River, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Murphy L Parks*  
Licensed Embalmer No. *236*  
P. O. Address *Had River, Me*

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.