

XC-1669 638

SL 12146

JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER 43259  
12068

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY MISSISSIPPI		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BLYTHEVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL VETERANS ADMINISTRATION			Length of stay in lb 26 days		d. STREET ADDRESS 619 W. MAIN (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HARRY O. JOHNSON			4. DATE OF DEATH Month Day Year DECEMBER 30, 1956		
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/14/94	9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) BIRDSHAW, ARKANSAS	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME NELSON JOHNSON		
14. MOTHER'S MAIDEN NAME IDA KIMBREW			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1		
16. SOCIAL SECURITY NO. UNKNOWN			17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LAENNEC'S CIRRHOSIS WITH PRIMARY CA OF THE LIVER					INTERVAL BETWEEN ONSET AND DEATH 155x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) - - - - -			
20c. TIME OF INJURY Hour a. m. p. m. - - - - -		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) - - - - -			
20e. CITY, TOWN, OR LOCATION - - - - -		20f. COUNTY STATE - - - - -			
21. I attended the deceased from 12/4/56 to 12/30/56 and last saw him alive on 12/30/56 Death occurred at 1:34 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. M. Lansche (Degree or title) M.D.			22b. ADDRESS 915 N. Grand VAH, ST. LOUIS, MO.		22c. DATE SIGNED 12/30/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan. 2, 1957		23c. NAME OF CEMETERY OR CREMATORY Local Cemetery	
23d. LOCATION (City, town, or county) Blythesville, Ark.		(State)			
24. FUNERAL DIRECTOR G. Wade Granberry 4202 Finney Ave.		ADDRESS		25. DATE RECD. BY LOCAL REG. DEC 31-1956	
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D.					

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard embalmers' certificates. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Melvin E. Green*.....

Licensed Embalmer No. *444*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.