

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2187

FILED FEB 14 1957

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 35

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

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		c. CITY OR TOWN <u>Caruthersville</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>1507 Ward Ave. 01870</u>			
3. NAME OF DECEASED a. (First) <u>Rouss</u> b. (Middle) <u>G.</u> c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 26 -1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-16-1895</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Self Employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oceola, ARK.</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Coal yard</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. A. Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Maggie Cox</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-38-531</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Tom Hill</u>		ADDRESS <u>4201</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity 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. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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) <u>Caruthersville, Pemiscot, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-26</u> , 19 <u>57</u> , to <u>1-26</u> , 19 <u>57</u> that I last saw the deceased alive on <u>1-26</u> , 19 <u>57</u> , and that death occurred at <u>7:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. J. Quinn, M.D.</u>		23b. ADDRESS <u>Caruthersville, Mo.</u>	
23c. DATE SIGNED <u>2-2-57</u>			
24a. MARRIAGE, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-29-57</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie Maple</u>		24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-8-56</u>		REGISTRAR'S SIGNATURE <u>John St. Herman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge Knott, Co</u>		ADDRESS <u>Caruthersville, Mo.</u>	
(Licensed Embalmer's Statement of Reverse Side)			

+06

2-42-57

FEB 13 1957

REMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 25 1957

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 *Neil C. Dean*

Licensed Embalmer No. *394*

P. O. Address *Caruthersville*

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.