THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 4 1957

3774
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Inside Limits Yes X No ☐	c. CITY OR TOWN St. Joseph 0 — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2916 Patee St. — Length of stay in 1b most of life	d. STREET ADDRESS (If outside, give location) 518 So. 9th St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First NORMAN	Middle CARROLL	Last JOHNSON	4. DATE OF DEATH Month Day Year Feb. 23, 1957
5. SEX male	6. COLOR OR RACE white 0	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ 3 DIVORCED ☒	8. DATE OF BIRTH July 9, 1903	9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) taxi driver	10b. KIND OF BUSINESS OR INDUSTRY Cab Company	11. BIRTHPLACE (City and state or country) Omaha, Nebr. 1	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph E. Johnson		14. MOTHER'S MAIDEN NAME Elizabeth Goodman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) ------	16. SOCIAL SECURITY NO. 487-09-0956	17. INFORMANT Address Mrs. Jennie Schaffer, 2916 Patte St. Joseph, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY INFARCTION — INTERVAL BETWEEN ONSET AND DEATH 2 days

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) Diabetes 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2

20c. TIME OF INJURY Hour a. m. p. m. Month; Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-1-57, to 2-23-57 and last saw her/him alive on 2-22-57

Death occurred at 7:30a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S E Millenery MD

22b. ADDRESS Kirkpatrick Bldg. St. Joseph, Mo.

22c. DATE SIGNED 2-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Feb 25, 1957	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR Heaton-Bowman	ADDRESS St Joseph Mo	25. DATE RECD. BY LOCAL REG. March 1, 1957	26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 -56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8 S

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William Spalding.....

Licensed Embalmer No. 7[illegible]

P. O. Address 319 S. 10th St.

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.