

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1957

12471
STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. 4116 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>CHARITON</u>					
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <u>SUMNER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>SUMNER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>MILTON</u> Middle <u>A</u> Last <u>JOHNSON</u>				4. DATE OF DEATH Month <u>MAY</u> Day <u>6</u> Year <u>1957</u>					
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG. 15-1879</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>21</u> IF UNDER 24 HRS: Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER & CARPENTER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>FARM & BUILDER</u>		11. BIRTH PLACE (City and state or country) <u>St. Catherine MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>LORENZO E. JOHNSON</u>				14. MOTHER'S MAIDEN NAME <u>SUSAN STUFFLEBEAN</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>492184233</u>		17. INFORMANT <u>MRS MILTON JOHNSON</u>			Address <u>SUMNER MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Thrombosis - Myocardial Infarction</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>4201</u>								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input 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 <u>4:15</u> Month <u>5</u> Day <u>6</u> Year <u>1957</u> a. m. <u>P.M.</u> p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>5-6-57</u> to <u>5-6-57</u> and last saw ^{him} <u>him</u> alive on <u>5-6-57</u> Death occurred at <u>4:15 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Norman P. Vance</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Hale, Missouri</u>			22c. DATE SIGNED <u>5-6-57</u>		
23a. BURIAL, CREMATION, REMOVAL & Specify		23b. DATE <u>5/8/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>LAKEside</u>			23d. LOCATION (City, town, or county) (State) <u>SUMNER MO</u>		
24. FUNERAL DIRECTOR <u>J. H. Shepard</u> ADDRESS <u>Mendon MO</u>				25. DATE RECD BY LOCAL REG. <u>5/8/57</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Boone</u>			

MAY 14 1951

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.....
H. L. Shepard

Licensed Embalmer No. 391

P. O. Address Mendon

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.