

Dr. B. uchanan

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 28 1957

57-021850  
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 232

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Marion		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		a. STATE Missouri		b. COUNTY Marion	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1107 Carr		Length of stay in 1b		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last William M. Johnson				4. DATE OF DEATH Month Day Year 6/18/1957			
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3/10/1884		9. AGE (In years last birthday) 73	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 (Street Department)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pike Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Aaron Johnson				14. MOTHER'S MAIDEN NAME Patsy			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give year or dates of service)		17. INFORMANT Address Mrs. Lula Johnson, 1107 Carr,			
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>Cardiac decompensation &amp; Failure</u>						INTERVAL BETWEEN ONSET AND DEATH 18 mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>Cardio-renal syndrome with anemia</u> 12 mo	
						DUE TO (c) <u>syphilis</u> ?	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 a. m. Month, Day, Year p. m.							
20d. INJURY OCCURRED WHILE AT <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>June 6 1955</u> to <u>6/18/57</u> and last saw <u>her</u> alive on <u>June 15 1957</u> Death occurred at <u>2:40 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Sam Buchanan D.D.</u>				22b. ADDRESS <u>504 Broadway Hannibal Mo.</u>		22c. DATE SIGNED <u>6/20/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/20/57	23c. NAME OF CEMETERY OR CREMATORY Robinson Cemetery		23d. LOCATION (City, town, or county) Hannibal, Mo.		
24. FUNERAL DIRECTOR ADDRESS <u>W.M. O'Donnell Hannibal, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>6/24/57</u>		26. REGISTRAR'S SIGNATURE <u>W.M. Luckey Jr. &amp; C. Fisher</u>		

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 25 1957  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 25 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *H M O'Donnell*.....

Licensed Embalmer No....3

P. O. Address Hannibal

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.