

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31563**

FILED SEP 16 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4210 Registrar's No. 47

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Harrison</u>           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>b. STATE <u>Mo</u> c. COUNTY <u>Harrison</u> |  |
| b. CITY OR TOWN <u>Ridgeway</u>                          |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgeway</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burn Home</u> |  | d. STREET ADDRESS (If rural, give location) <u>4</u>  |  |

3. NAME OF DECEASED (Type or Print) Erceles Wiley Johnson  
 (First) Erceles (Middle) Wiley (Last) Johnson  
 4. DATE OF DEATH (Month) (Day) (Year) 9-6-57

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH March-15-1899 9. AGE (In years last birthday) 58 5' 5" 2" 21"

10a. USUAL OCCUPATION (Give kind of work) Retired Postman - Postal 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Harrison Co Mo 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles Johnson 13b. MOTHER'S MAIDEN NAME Maud Wiley 14. NAME OF HUSBAND OR WIFE Montes Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) Yes (If yes, give year or date of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. Mo 17. INFORMANT'S SIGNATURE OR NAME Montes Johnson ADDRESS Ridgeway

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Essential Hypertension INTERNAL BETWEEN ONSET AND DEATH 10 years  
 ANTECEDENT CAUSES DUE TO (b) Cerebral hemorrhage 5 years ago  
 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 331X 20. AUTOPSY?  YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ridgeway Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Jan, 1947, to Sept 6, 1957, that I last saw the deceased alive on Sept 6, 1957; and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leticia Brewer M.D. 23b. ADDRESS Ridgeway Mo 23c. DATE SIGNED Sept. 9-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9-9-57 24c. NAME OF CEMETERY OR CREMATORY Ridgeway Cemetery 24d. LOCATION (City, town, or county) (State) Ridgeway Mo

DATE REC'D BY LOCAL REG. 9-10-57 REGISTRAR'S SIGNATURE Bella Mayer 25. FUNERAL DIRECTOR'S SIGNATURE R. H. Rogers ADDRESS Ridgeway Mo

(Excluded Embalmer's Statement on Reverse Side)

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

547

SEP 27 1951

NOV 13 1950

OCT 11 1951

DEC 12 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 .....  
Student Embalmer

Signed Robert R. Rogers

Licensed Embalmer No. 95-76

P. O. Address Ridgeway Mo

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 this body is not embalmed, fact should be so stated above.