

pt. Health,
, & Welfare
S. Public
th Service

FILED DEC 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39179

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 432

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COLUMBIA</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>TRIPLETT</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U OF MISSOURI HOSPITAL</u>		Length of stay in 1b <u>5 days</u>	
3. NAME OF DECEASED (Type or print) First <u>DESMON</u> Middle <u>PRICE</u> Last <u>JOHNSON</u>		4. DATE OF DEATH Month <u>11</u> Day <u>24</u> Year <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>NEGRO</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>Oct 9, 1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRANSPORTATION</u>	11. BIRTHPLACE (City and state or country) <u>UNKNOWN, MISSOURI, U.S.A.</u>
13a. FATHER'S NAME <u>BIRDIE WINN</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE GRAUER</u>	14. NAME OF HUSBAND OR WIFE <u>POCAHONTAS JOHNSON</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Hospital Chart</u> Address
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 Arrhythmia</u> DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Malignant Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Congestive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 min</u> <u>5 days</u> <u>Unknown</u>
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.) <u>441X</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ 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>11-29-57</u> , to <u>11-24-57</u> and last saw ^{her} him alive on <u>11-24-57</u> Death occurred at <u>5:22 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>Diane Burkhardt M.D.</u>		22b. ADDRESS <u>U. of Missouri Hospital Columbia</u>	
22c. DATE SIGNED <u>11-24-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>11/28/57</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Tripletts No Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Tripletts Missouri</u>
24. FUNERAL DIRECTOR <u>Georgette Green Marshall</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Nov. 24 1957</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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]
Signature of Student Embalmer

Signed [Signature: Royce H. Green]

Licensed Embalmer No. 4220
P. O. Address Northell Ave

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.