

FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013054  
State File No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 300 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Green Castle</b> <span style="float: right;">1058</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>No street address</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b>	b. (Middle) <b>Alvin</b>	c. (Last) <b>Johnson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 20, 1958</b>
---	--------------------------	--------------------------	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 25, 1876</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
--------------------	-------------------------------	---	---------------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	---	---	---

13a. FATHER'S NAME <b>Elijah Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Manier</b>	14. NAME OF HUSBAND OR WIFE <b>Emma R. Johnson</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Emma Johnson, Green Castle, Mo.</b>
--	-------------------------------------	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		<b>2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery disease</b> DUE TO (c) <b>4201H</b>		<b>unknown</b>

19a. DATE OF OPERATION <b>4-16-58</b>	19b. MAJOR FINDINGS OF OPERATION <b>Caut colon &amp; intestinal obstruction</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from **April 11, 1958**, to **April 20, 1958**, that I last saw the deceased alive on **April 20, 1958**, and that death occurred at **8:06 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. H. Hunter</b>	(Deponent title) <b>D. 2</b>	23b. ADDRESS <b>Hickville, Mo.</b>	23c. DATE SIGNED <b>4-23-58</b>
------------------------------------	------------------------------	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Apr. 23, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shibleys Point Cemetery Adair Co., Mo.</b>	24d. LOCATION (City, town, or county) (State)
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>Apr 25, 1958</b>	REGISTRAR'S SIGNATURE <b>Doris W. Ratliff</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Glenn E. Zetson, Green City, Mo.</b>
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

*Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.