

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018869

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Lexington		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Odessa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Hospital			Length of stay in 1b 2 days	d. STREET ADDRESS (If outside, give location) 302 Johnson			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last George L. Johnson				4. DATE OF DEATH Month Day Year May 24 1958			
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 3, 1874		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY grocery		11. BIRTHPLACE (City and state or country) Louisville, Ky.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME L. P. Johnson				14. MOTHER'S MAIDEN NAME (First name) Leatherman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 497-36-6858		17. INFORMANT Address Wm. Johnson, Odessa, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Myocardial Infarction DUE TO (c) arteriosclerotic heart disease							INTERVAL BETWEEN ONSET AND DEATH 18 hr. 3 1/2 da.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200							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 Month, Day, Year a. m. 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 Dec 19, 1957 to May 24, 1958 and last saw him alive on May 24 '58 Death occurred at 3:40 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ceil L. Watson, MD.				22b. ADDRESS Odessa Mo.		22c. DATE SIGNED 5-26-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 27, 1958	23c. NAME OF CEMETERY OR CREMATORY Odessa, Cemetery		23d. LOCATION (City, town, or county) (State) Odessa, Missouri		
24. FUNERAL DIRECTOR Ralph O. Jones, Odessa			ADDRESS Odessa		25. DATE RECD. BY LOCAL REG. 6-1-1958	26. REGISTRAR'S SIGNATURE M. E. ...	

(Licensed Embosser's Statement on Reverse Side)

Health, Welfare, Public Service
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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All other coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. An

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Ralph O. Jones*

Licensed Embalmer No. *46*

P. O. Address *Oden*

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.