

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020997

STATE FILE NUMBER

FILED JUN 23 1958

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 628

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0117 0
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 822 1/2 Edmond St.		Length of stay in lb 78 years	d. STREET ADDRESS (If outside, give location) 822 1/2 Edmond St.
3. NAME OF DECEASED (Type or print) First Middle Last Herbert A. Johnson			4. DATE OF DEATH Month Day Year June 12, 1958
5. SEX male 0	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 August 12, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Dentist		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) Dearborn, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jonas Johnson		13b. MOTHER'S MAIDEN NAME Caroline unknown	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address E.P. Johnson, 2206 Walnut, St. Joseph, 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) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 10 MIN
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 UNATTENDED, to and last saw her alive on Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Assistant City Health Officer Lawrence H. Pfeiffer, M.D.		22b. ADDRESS 1302 Farson St Joseph	22c. DATE SIGNED 6-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6/16/1958	23c. NAME OF CEMETERY OR CREMATORY Dearborn Cemetery	23d. LOCATION (City, town, or county) (State) Dearborn, Missouri
24. FUNERAL DIRECTOR Heaton-Bowman St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. June 16, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Stoddell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Theron Smith* .....

Licensed Embalmer No. *3928* .....  
P. O. Address *St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.