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

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022465
STATE FILE NUMBER

FILED JUL 3 1958 Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Elsberry — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 307 S. Sixth St. — Length of stay in Ib: years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lincoln
c. CITY OR TOWN: Elsberry, — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 307 S. Sixth St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ARTHUR Middle Last JOHNSON

4. DATE OF DEATH: Month June Day 22 Year 1958

5. SEX: male 2
6. COLOR OR RACE: negro
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: March 26, 1891
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): deck hand on barge line
10b. KIND OF BUSINESS OR INDUSTRY: Oil Transport
11. BIRTHPLACE (City and state or country): RFD Winfield, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: John Johnson
13b. MOTHER'S MAIDEN NAME: Queeny Blanton
14. NAME OF HUSBAND OR WIFE: Juanita Smartt Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 516-10-3902
17. INFORMANT: Juanita Johnson - wife - Address: Elsberry, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA SIGMOID COLON — INTERVAL BETWEEN ONSET AND DEATH: 3/4 YR. +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 1533
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 NOV 1957, to JUNE 22 58 and last saw him alive on 6/21/58
Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D.
22b. ADDRESS: [signature]
22c. DATE SIGNED: 6/23/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 25, 1958
23c. NAME OF CEMETERY OR CREMATORY: City Cemetery
23d. LOCATION (City, town, or county) (State): Elsberry, Mo.

24. FUNERAL DIRECTOR: Ricks Funeral Home ADDRESS: Elsberry, Mo.
25. DATE RECD. BY LOCAL REG.: 7/1/1958
26. REGISTRAR'S SIGNATURE: Mrs Clarence Kientzy

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 4012

P. O. Address Elsberry, M

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.