

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024646

STATE FILE NUMBER

1000

Registrar's No. 782

FILED JUL 28 1958

Registration District No. 42

Primary Registration District No.

S. 300  
1-57

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>                 |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Joseph</b>   |  | c. CITY OR TOWN <b>St. Joseph</b> <span style="float: right;">0110</span>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mo. Methodist Hosp.</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>R.F.D. #2</b>   |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>JAMES CARL JOHNS</b>  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>July 23 1958</b>   |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>April 13, 1892</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Carpet Layer</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Street Railway</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Wathena Kansas</b>                               |
| 13a. FATHER'S NAME<br><b>Levi Madison Johns</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Clara Penny</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Tessie Johns</b>   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give years dates of service)<br><b>Yes W.W.#1</b>   |  | 16. SOCIAL SECURITY NO.<br><b>491-10-1491</b>   | 17. INFORMANT<br>Address <b>R.R.#2</b><br><b>Mrs. Tessie Johns</b><br><b>St. Joseph, Mo.</b>      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  |   | <b>4201</b>   |
| 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?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour a.m. p.m.<br>Month, Day, Year  |  |   |   |
| 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 <b>7/21/58</b> to <b>7/23/58</b> and last saw <del>xxx</del> him alive on <b>7/23/58</b><br>Death occurred at <b>8:56A</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE<br><i>Walter D. Slone</i> (Degree or title)   |  | 22b. ADDRESS<br><b>Social Welfare Board</b><br><b>10th &amp; Olive, St. Joseph, Mo.</b>   | 22c. DATE SIGNED<br><b>7/23/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>7-25-58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Auburn Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Joseph Missouri</b>                       |
| 24. FUNERAL DIRECTOR<br><i>James Funeral Home</i><br><b>St. Joseph, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>July 25, 1958</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Wm. Clark Goodell</i>   |

SEP 23 1956

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 *Charles E. Bennett* .....

Licensed Embalmer No. *4674* .....

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.