

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034382
STATE FILE NUMBER

FILED OCT 10 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 9452

5. 300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 I107, OHIO		Length of stay in lb 50. Yrs 229	d. STREET ADDRESS (If outside, give location) I107, OHIO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MATTIE Middle COLEMAN Last JOHNSON			4. DATE OF DEATH Month 9 / Day 29 / Year 1958		
5. SEX FEMALE -3	6. COLOR OR RACE COL.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4 / 12 / 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 5 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY DOMESTICTS	11. BIRTHPLACE (City and state or country) SPRING FIELD MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME JOHN NEECE		13b. MOTHER'S MAIDEN NAME CONELIUS DANFORTH		14. NAME OF HUSBAND OR WIFE LONNIE JOHNSON	
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. NONE	17. INFORMANT Lonnice Johnson Address I107, OHIO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic nephritis, mitral Insufficiency, Hemiplegia of left side and Coma of 24 hrs.					INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>Chronic nephritis, mitral Insufficiency, Hemiplegia of left side and Coma of 24 hrs.</i>					
DUE TO (c) <i>and Coma of 24 hrs.</i>					
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 <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.) 592x		
20c. TIME OF INJURY Hour Month, Day, Year 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 Sept. 29 - 1957 to Sept. 29 - 58 and last saw her alive on Sept. 29 - 58 Death occurred at 5115 P. in on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Franklin D. Tomson			22b. ADDRESS 3100 - Lucas Ave.		22c. DATE SIGNED Oct. 1 - 58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 10/3/58	23c. NAME OF CEMETERY OR CREMATORY Washington park cemetery		23d. LOCATION (City, town, or county) (State) ST. LOUIS " " MISSOURI
24. FUNERAL DIRECTOR John W. Houston. 2812, THOMAS ST.			25. DATE RECD. BY LOCAL REG. OCT 2 '58	26. REGISTRAR'S SIGNATURE Earl Smith M & B.	

All diseases in Part I must be causally related.

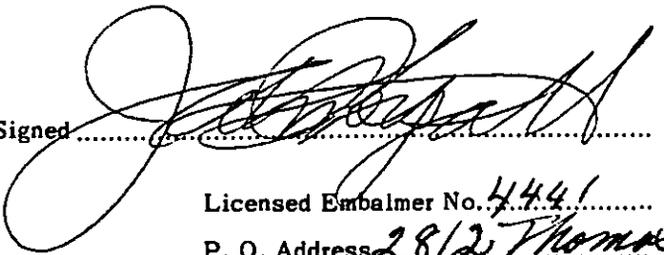
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. 4441

P. O. Address 2812 Thomas

**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.**