

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041749

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11464

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lefayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MISSOURI</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Lefington</i> <sup>05/420</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>04 BARNES HOSPITAL</i>		Length of stay in 1b <i>6 days</i>	d. STREET ADDRESS (If outside, give location) <i>31 2623 Franklin</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>SAMUEL D. JOHNSON</i>			4. DATE OF DEATH Month Day Year <i>NOVEMBER 23, 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 15, 1886</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>miner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>coal miner</i>	9. AGE (In years last birthday) <i>72</i>
11. BIRTHPLACE (City and state or country) <i>Birmingham Ala</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Johnson</i>		13b. MOTHER'S MAIDEN NAME <i>Lena Johnson</i>	
14. NAME OF HUSBAND OR WIFE <i>Maryne Johnson</i>		16. SOCIAL SECURITY NO. <i>487-05-0530</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address <i>Mrs. Maryne Johnson Lefington Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ACTIVE PULMONARY TUBERCULOSIS</i>			INTERVAL BETWEEN ONSET AND DEATH <i>UNKNOWN</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>002X</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>ARTERIOSCLEROTIC CARDIOVASCULAR HEART DISEASE. CHRONIC LUNG DISEASE</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <i>NOV. 17, 1958</i> to <i>NOV. 23, 1958</i> and last saw her alive on <i>NOV. 23, 1958</i> Death occurred at <i>7:15 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>C. P. Vermillion, M.D.</i>		22b. ADDRESS <i>BARNES HOSPITAL</i>	
22c. DATE SIGNED <i>11/23/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11/28/58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Forest Grove Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Lefington Missouri</i>	
24. FUNERAL DIRECTOR <i>Gayest Green, Marshall Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 28 '58</i>	
		26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>	

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 *George H. Green* .....

Licensed Embalmer No. *4220* ..  
P. O. Address *Marshall, 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.