

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

78-044689

STATE FILE NUMBER

FILED DEC 30 1958

Registration District No. 159 Primary Registration District No. 5590 Registrar's No. 51

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Big River Twp.</b>		c. CITY OR TOWN <b>Big River Twp</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fletcher, Mo.</b>		d. STREET ADDRESS (If outside, give location) <b>Fletcher, Mo.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Thomas Luther Johnson</b>		4. DATE OF DEATH Month Day Year <b>Dec. 15, 1958</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 5, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Jefferson Co., Mo.</b>
13a. FATHER'S NAME <b>Augustus Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Bequette</b>	14. NAME OF HUSBAND OR WIFE <b>Elnora Johnson</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>L. L. Johnson DeSoto, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma stomach</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3-5 yrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>15/1X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Gen. arterio-sclerotic - years</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 a.m. 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 <b>April 2, 1956</b> to <b>Dec 15, 58</b> and last saw him alive on <b>Dec 12, 58</b> Death occurred at <b>554 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Wm V. Nequisty M.D.</b>		22b. ADDRESS <b>De Soto Mo.</b>	
22c. DATE SIGNED <b>Dec 17, 58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/18/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ware</b>	23d. LOCATION (City, town, or county) (State) <b>Ware Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>J. Lee Mothershead DeSoto, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-22-58</b>	26. REGISTRAR'S SIGNATURE <b>Walter D. ...</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED  
DEC 29 1958

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 *J. Lee Mathershead* .....

Licensed Embalmer No. *3531* .....

P. O. Address *De Soto, 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.