

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004736
STATE FILE NUMBER

FILED FEB 25 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 64

300
-57

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>)	
b. CITY OR TOWN <i>Cape Girardeau</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Commerce</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Francis</i> Length of stay in lb <i>5 days</i>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <i>THOMAS EDNA JOHNSON</i>			4. DATE OF DEATH Month Day Year <i>Oct 14, 1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</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>Dec 6, 1897</i>		9. AGE (In years last birthday) <i>62</i> IF UNDER 1 YEAR Months <i>0</i> Days <i>8</i> IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (City and state or country) <i>Sedgewickville, Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13. FATHER'S NAME <i>James Henry Johnson</i>		13b. MOTHER'S MAIDEN NAME <i>Tavia Seabaugh</i>		14. NAME OF HUSBAND OR WIFE <i>Connie Phelps Johnson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Mrs. Connie Johnson, Commerce, 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>Pulmonary embolus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 min.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Benign Prostatic Hypertrophy - had TUR on 2-12-59</i>		19. WAS AUTOPSY PERFORMED? <i>1</i> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 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
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21. I attended the deceased from *7-2-59*, to *2-14-59* and last saw her alive on *2-14-59*
Death occurred at *7:20 P.M.* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>L.R. Seabaugh, M.D.</i>	22b. ADDRESS <i>219 North Pacific, Cape Girardeau, Mo.</i>	22c. DATE SIGNED <i>2-17-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2-17-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hills Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Morley, Missouri</i>
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24. FUNERAL DIRECTOR ADDRESS <i>Burial Home</i>	25. DATE RECD. BY LOCAL REG. <i>Feb. 20, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. James Cooper</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Olliver Carmichael*

Licensed Embalmer No. *4470*

P. O. Address *Illness, New*

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.