

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006386

STATE FILE NUMBER

FILED FEB 18 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 37

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1-57

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY OR TOWN Hannibal		c. CITY OR TOWN Hannibal	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		d. STREET ADDRESS (If outside, give location) 701 Birch	

3. NAME OF DECEASED (Type or print) First Middle Last Herbert D. Johnson			4. DATE OF DEATH Month Day Year 2/8/1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/6/1899		9. AGE (In years last birthday) 60
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Marion Co., Mo.	

13a. FATHER'S NAME Pearl T. Johnson		13b. MOTHER'S MAIDEN NAME Gerogia Allen		14. NAME OF HUSBAND OR WIFE Hattie Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Hattie Johnson, 701 Birch St.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) AS A D - DUE TO (c)			18. CAUSE OF DEATH (Continued) Hannibal, Mo. INTERVAL BETWEEN ONSET AND DEATH few min		
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					

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 Death occurred at 12:30 A.M. on 2-8-59 and last saw her alive on 2-2-59 m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) <i>H. M. C. Donnell</i>		22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 2-11-59	
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/11/1959		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
				23d. LOCATION (City, town, or county) (State) Palmyra, Missouri	

24. FUNERAL DIRECTOR H.M.C. Donnell, Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 2-11-59		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke, By W. C. Fisher	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE FILED FEB 17 1939

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 *H. M. McDonnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.