

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018865

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 316

Primary Registration District No. 3060

Registrar's No. 212

300

1-57

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY St. Francois)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Farmington	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Farmington	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 501 C.St.	Length of stay in lb	d. STREET ADDRESS 501 'C' Street	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Carl Middle W. L. Last Johnson			4. DATE OF DEATH Month May Day 27 Year 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 January 14, 1891	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant (retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Wilcox Penn.		12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME J. Piet Johnson		13b. MOTHER'S MAIDEN NAME Charlotte		14. NAME OF HUSBAND OR WIFE Ethel Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I		16. SOCIAL SECURITY NO. 319-09-2828	17. INFORMANT Ethel Johnson Address Farmington, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
DUE TO (b) Generalized Arteriosclerosis		5 yrs.
DUE TO (c) Bronchial Asthma		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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 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 June 1954 to 5-27-59 and last saw him alive on 5-26-59 Death occurred at 8:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE C. E. Conleton, MD (Degree or title)	22b. ADDRESS Farmington Mo	22c. DATE SIGNED 5-29-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/29/59	23c. NAME OF CEMETERY OR CREMATORY Hillview Memorial Garden	23d. LOCATION (City, town, or county) (State) Farmington, Missouri
24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. May 29, 1959	26. REGISTRAR'S SIGNATURE Ethel Rudloff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 7 1959

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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 Paul K. Regal

Licensed Embalmer No. 4120

P. O. Address Farmington, Me.

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.