

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038385

FILED VS NOV 2 1959

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2732

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Tennessee b. COUNTY Hamilton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in 1b 3 1/2 Months		c. CITY OR TOWN Chattanooga		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2969 Nurick Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Harry Barnes Johansen				4. DATE OF DEATH Month Day Year October 15th. 1959			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-18-1910	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pres. Intercontinental Shoe Co.			10b. KIND OF BUSINESS OR INDUSTRY Shoe Industry		11. BIRTHPLACE (City and state or country) San Francisco, Cal.	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Harry G. Johansen			13b. MOTHER'S MAIDEN NAME Solita R. McGill		14. NAME OF HUSBAND OR WIFE Janet M.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes: WW 2			16. SOCIAL SECURITY NO. 492-10-2625	17. INFORMANT Address Mr. Harry G. Johansen			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatous						INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of left lung						DUE TO (c) 8 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m.	Month, Day, Year						
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 <u>June 59</u> to <u>Oct 15 59</u> and last saw him alive on <u>Oct 15 59</u> Death occurred at <u>12:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Fred Kramer M.D.				22b. ADDRESS 4161 Luella		22c. DATE SIGNED 10-16-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-19-1959	23c. NAME OF CEMETERY OR CREMATORY Arlington National Cemetery Arlington, Va.		23d. LOCATION (City, town, or county)		(State)	
24. FUNERAL DIRECTOR Arthur J. Donnelly			ADDRESS 3840 Lindell Blvd.	25. DATE RECD. BY LOCAL REG. 10-16-59	26. REGISTRAR'S SIGNATURE J. C. Murphy M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lind

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.