

REGISTRATION DISTRICT NO. 378 Primary Registration District No. 4552 Registrar's No. 36

59-038746

STATE FILE NUMBER

FILED VS. OCT 29 1959

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>WRIGHT</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <b>MO</b> b. COUNTY <b>WRIGHT</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MTN. GROVE</b>		Length of stay in 1b <b>75 YRS</b>		c. CITY OR TOWN <b>MTN. GROVE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 MILES WEST MTN. GROVE</b>				d. STREET ADDRESS (If outside, give location) <b>3 MILES WEST MTN. GROVE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ANDY</b> Middle <b>ALBERT</b> Last <b>JOHNSON</b>			4. DATE OF DEATH Month <b>SEPT.</b> Day <b>25</b> Year <b>1959</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>FEB. 17 1878</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>8</b>	IF UNDER 24 HR Hours <b>8</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>		11. BIRTHPLACE (City and state or country) <b>SALEM MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>CHARLES JOHNSON</b>			13b. MOTHER'S MAIDEN NAME <b>SARAH SHIEFFLETT</b>		14. NAME OF HUSBAND OR WIFE		
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.		17. INFORMANT <b>Ruby Craig</b> Address <b>Mtn. Grove 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>Cerebral Embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive Heart Disease</b> DUE TO (c) <b>5 year</b> 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 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 <b>May 3-54</b> to <b>9-24-59</b> and last saw him alive on <b>9-24-59</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>W. E. Craig D.O.</b> (Degree or title)			22b. ADDRESS <b>Mountain Brook Mo</b>			22c. DATE SIGNED <b>10-3-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>COFFIN</b>		23b. DATE <b>SEPT. 28-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>HELMS Cemetery WRIGHT</b>		23d. LOCATION (City, town, or county) (State) <b>MO</b>	
24. FUNERAL DIRECTOR <b>BARBER F. HOME</b> ADDRESS <b>MTN. GROVE</b>			25. DATE RECD. BY LOCAL REG. <b>10-9-59</b>		26. REGISTRAR'S SIGNATURE <b>Bernice Liberman</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1930  
NOV 1  
SIA

### 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 R. W. Barber

Licensed Embalmer No. 384

P. O. Address Mt. A.

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.