

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7028**  
 FILED AUG 8 1961

1. PLACE OF DEATH  
 a. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **10 days**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Missouri Baptist Hospital** Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Reynolds**  
 c. CITY OR TOWN **Ellington** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
**John Abraham Johnson** **July 26, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **11/6/1911** 9. AGE (last birthday) **49** 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) **Senator** 10b. KIND OF BUSINESS OR INDUSTRY **State of Missouri** 11. BIRTHPLACE (City and state or country) **Centerville, Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.**

13a. FATHER'S NAME **John R. Johnson** 13b. MOTHER'S MAIDEN NAME **Blanche L. Buford** 14. NAME OF HUSBAND OR WIFE **Patricia Johnson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW II** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT Address **Patricia Johnson, Ellington, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **acute coronary left occlusion** INTERVAL BETWEEN ONSET AND DEATH **2 weeks**  
 DUE TO (b) **aneurysm of left Ventricle** **10 days**  
 DUE TO (c) **Hypertension Heart disease** **??**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) **420.1** PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **July 15th 1961** to **July 26, 1961** and last saw him alive on **July 26, 1961**  
 Death occurred at **2:00 pm** **Lesler Bldg** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Domini J. Verdum, M.D.** 22b. ADDRESS **4500 Olive St St. Louis** 22c. DATE SIGNED **7-27-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **7-28-61** 23c. NAME OF CEMETERY OR CREMATORY **Ellington Memorial Cemetery** 23d. LOCATION (City, town, or county) (State) **Ellington, Mo.**

24. FUNERAL DIRECTOR ADDRESS **Pewitt Funeral Home, Ellington, Missouri.** 25. DATE RECD. BY LOCAL REG. **JUL 28 1961** 26. REGISTRAR'S SIGNATURE **Paul Smith M.D.**

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

AUG 8 1961

APR 15 1963

**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 *Harry E. Monroe*

Licensed Embalmer No. *4495*

P. O. Address *St. Louis*

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.