

FILED OCT 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33062**

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 4447		Registrar's No. 105	
1. PLACE OF DEATH a. COUNTY Ray				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give township) Waverly		c. LENGTH OF STAY (in this place) 35 years		c. CITY OR TOWN Waverly		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Stout and Lister				e. STREET ADDRESS (If rural, give location) Stout and Lister 0890			
3. NAME OF DECEASED (Type or Print) a. (First) Claud b. (Middle) (N) c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) September 17, 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 2, 1921		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 10 Days 15	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Employee		10b. KIND OF BUSINESS OR INDUSTRY Railroading		11. BIRTHPLACE (City and State or Foreign Country) Richmond, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Johnson		13b. MOTHER'S MAIDEN NAME Elizabeth Moore		14. NAME OF HUSBAND OR WIFE Ally (Becky) Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. W.W.I.		17. INFORMANT'S SIGNATURE OR NAME Mar Ally Johnson, Waverly, Mo. ADDRESS Waverly, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH minutes
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart dis- DUE TO (c) auricular fibrillation long					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. standing uncontrollable					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-10 , 1954, to 9-17 , 1957, that I last saw the deceased alive on 9-17 , 1957, and that death occurred at 8:30 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or Title) M.D. Richard				23b. ADDRESS Richmond		23c. DATE SIGNED 9-23-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-20, 1957	24c. NAME OF CEMETERY OR CREMATORY Canon Country		24d. LOCATION (City, town, or county) (State) Canon, Missouri		
DATE REC'D BY LOCAL REG. Sept 24, 1957		REGISTRAR'S SIGNATURE Mabel Jackson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2401 St. Louis Funeral Home Richmond, Missouri			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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: *George H. Hill*.....

Licensed Embalmer No. *4126*.....

P. O. Address *Richmond*.....

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.