

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41574

STATE FILE NUMBER

FILED DEC 3 - 1957

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 139

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Ray</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		c. CITY OR TOWN <u>Richmond</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>434 South Camden</u>		d. STREET ADDRESS (If outside, give location) <u>434 South Camden</u>	
Length of stay in lb <u>12 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>JOHN</u>	Middle <u>WESLEY</u>	Last <u>JOHNSON</u>	Month <u>November</u>	Day <u>24</u>	Year <u>1957</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 10, 1894</u>	9. AGE (In years last birthday) <u>62</u>
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		IF UNDER 1 YEAR: Months <u>11</u> Days <u>14</u> IF UNDER 24 HRS.: Hours <u> </u> Min. <u> </u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Annual Farming</u>	11. BIRTHPLACE (City and state or country) <u>Doscher, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>John Johnson</u>	14. MOTHER'S MARRIEN NAME <u>Armitia Brown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs Ethel Johnson, Richmond Missouri</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CONGESTIVE HEART DISEASE</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>CARCINOMA LIVER 9. 434-111</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____
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20c. TIME OF INJURY Hour _____ a. m. _____ p. m.	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 _____
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21. I attended the deceased from <u>Oct-19-57</u> to <u>Nov-24-57</u> and last saw her/him alive on <u>Nov-24-57</u>

22a. SIGNATURE (Degree or title) <u>G. B. Ray M.D.</u>	22b. ADDRESS <u>19 Richmond St</u>	22c. DATE SIGNED <u>11-25-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>November 26, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Richmond Memory Garden</u>	23d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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24. FUNERAL DIRECTOR ADDRESS <u>2457 - LILE FUNERAL HOME RICHMOND, MISSOURI per [Signature]</u>	25. DATE REC'D. BY LOCAL REG. <u>Nov. 26 - 1957</u>	26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. **USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE**

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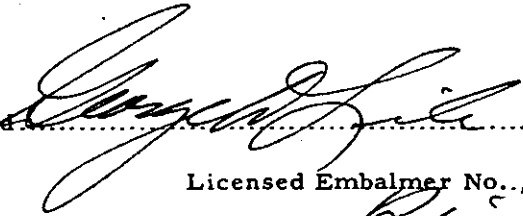
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STATEMENT BY LICENSED EMBALMER

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 .....
Licensed Embalmer No. 406

P. O. Address 

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.