

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9735**

BIRTH NO. **MAR 16 1954** REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **25**

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

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) Richmond		c. CITY (If outside corporate limits, write RURAL and give township) Richmond	
d. FULL NAME OF HOSPITAL OR INSTITUTION 215 South St.		d. STREET ADDRESS (If rural, give location) 215 South St.	

3. NAME OF DECEASED (Type or Print) a. (First) MARTIN b. (Middle) B. c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) March 5, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH Nov. 9, 1868		9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Wesley Johnson		13b. MOTHER'S MAIDEN NAME Martha Jones		14. NAME OF HUSBAND OR WIFE Mary Elizabeth Christy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 193-26-1030		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Brack Johnson, Richmond, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Thrombosis		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		DUPLICATE OF (b) Atherosclerosis			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 **1-6**, 1954, to **3-5**, 1954, that I last saw the deceased alive on **3-5**, 1954, and that death occurred at **8:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. K. Danault M.D.		23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 3-8-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 8, 1954		24c. NAME OF CEMETERY OR CREMATORY Gilead Cemetery	
24d. LOCATION (City, town, or county) (State) Carroll County, Mo.		24e. NAME OF FUNERAL HOME Thurman Funeral Home		24f. ADDRESS Richmond, Mo.	

DATE REC'D BY LOCAL REG. Mar 9-1954		REGISTRAR'S SIGNATURE Mabel Jackson		25. FUNERAL DIRECTOR'S SIGNATURE by David Thurman	
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Miss. Mar. 4-1912

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, COBY

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Tom L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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 this body is not embalmed, fact should be so stated above.