

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40527**

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

BIRTH NO. _____		REG. DIST. NO. 30		PRIMARY REG. DIST. NO. 5102		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, state township and give town) Edwards Star Route 3 gns.		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Rural Warsaw		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8 miles S.E. of Warsaw				e. STREET ADDRESS (If rural, give location) 8 miles S-E of Warsaw			
3. NAME OF DECEASED (Type or Print) a. (First) Mc Gee b. (Middle) Frye c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) Dec 16, 1956				
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 7, 1883		9. AGE (in years last birthday) 74	IF UNDER 1 YEAR Months 10 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm owner		11. BIRTHPLACE (City and State or Foreign Country) Pelton, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William E. Johnson		13b. MOTHER'S MAIDEN NAME Ida Alice Kennedy		14. NAME OF HUSBAND OR WIFE Alice Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Johnson Edwards Star Rt.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory failure					None
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis with myocardial infarction DUE TO (c) arteriosclerosis					10 min
		II. OTHER SIGNIFICANT CONDITIONS					16 months
		Conditions contributing to the death but not related to the disease or condition causing death. Senility					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		4201	
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 12-4 1956, to Dec 16, 1956 , that I last saw the deceased alive on Dec 15, 1956 , and that death occurred at 8:30 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Type or title) Successor				23b. ADDRESS Warsaw, Mo		23c. DATE SIGNED 12/17/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 18, 1956	24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		24d. LOCATION (City, town, or county) (State) Warsaw Benton Co. Mo		
DATE REC'D BY LOCAL REG. Dec 18 1956		REGISTRAR'S SIGNATURE Jas A. Logan		25. FUNERAL DIRECTOR'S SIGNATURE John F. Reser		ADDRESS Warsaw, Mo	

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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...409

P. O. Address...Warsaw

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.