

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32766

State File No.

BIRTH NO. REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4482 Registrar's No. 4033

1. PLACE OF DEATH a. COUNTY <u>SCOTLAND</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MEMPHIS</u>		c. CITY OR TOWN <u>NAME</u>	
c. LENGTH OF STAY (in this place) <u>8 YRS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0990</u>	

3. NAME OF DECEASED (Type or Print) a. (First) CHANDLER b. (Middle) ALLEN c. (Last) JOHNSON 4. DATE OF DEATH (Month) (Day) (Year) SEPT 29 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH NOV. 11, 1879 9. AGE (In years last birthday) 74 10. MONTHS 1 11. DAYS 1 12. HOURS 1 13. MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) SCOTLAND Co. Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ALVA W. JOHNSON 13b. MOTHER'S MAIDEN NAME LIN. Y. FRANCIS BOURN 14. NAME OF HUSBAND OR WIFE LULA B. JOHNSON

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. 492-23-0957 17. INFORMANT'S SIGNATURE OR NAME W.S. Johnson ADDRESS Kennett City Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chronic Myocarditis 3 years Arteriosclerosis 7 years

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis 7 years

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (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 4221 20. AUTOPSY? YES NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1952 to Sept 29, 1954; that I last saw the deceased alive on 9-29, 1954, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE L. E. Lowe D. O. (Degree or title) 23b. ADDRESS Memphis Mo. 23c. DATE SIGNED 10-1-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Oct 1, 1954 24c. NAME OF CEMETERY OR CREMATORY MEMPHIS 24d. LOCATION (City, town, or county) (State) MEMPHIS Mo

DATE REC'D BY LOCAL REG. 10/6/54 REGISTRAR'S SIGNATURE Vera E. Turner 476-5 25. FUNERAL DIRECTOR'S SIGNATURE W. Payne Sons ADDRESS Memphis

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

0990

OCT 19 1955

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 *Neal Payne*

Licensed Embalmer No. *7550*

P. O. Address *Memphis*

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.