

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037897

STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10072

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Macoupin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mt. Olive Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 Sts. Adm. Hospital-915		Length of stay in lb N. Grand	d. STREET ADDRESS (If outside, give location) 32 Route 1 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lawrence Sam Johnson			4. DATE OF DEATH Month Day Year October 20, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 20, 1893
9. AGE (In years for birthday) 65		10. USUAL RESIDENCE (Give kind of work done during most of working life, even if retired) Boilermaker	11. BIRTHPLACE (City and state or country) Terre Haute, Ind. / U.S.
10a. USUAL RESIDENCE (Give kind of work done during most of working life, even if retired) Boilermaker		10b. KIND OF BUSINESS OR INDUSTRY Construction	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William Johnson		13b. MOTHER'S MAIDEN NAME Elizabeth Purcell	14. NAME OF HUSBAND OR WIFE Grace
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) Yes		16. SOCIAL SECURITY NO. 352-01-0153	17. INFORMANT Mrs. Grace Johnson, Mt. Olive, Ill.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac Arrest</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Carcinoma of the Lung;</i> DUE TO (c) <i>163x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>suicided while undergoing</i>			INTERVAL BETWEEN ONSET AND DEATH <i>7</i>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter name of injury in PART II of this 18) <i>suicided while undergoing</i>	
20c. TIME OF INJURY Hour Month, Day, Year 1030 10 20 58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at Veteran's Hospital on October 20, 1958 at 1030 am.</i>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>21 Hosp St. Louis Mo</i>	COUNTY STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>1030 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James M Kelly</i>		22b. ADDRESS <i>1300 Clark</i>	22c. DATE SIGNED <i>10-21-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>10-21-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Union Miners Cemetery</i>
23d. LOCATION (City, town, or county) <i>Mt. Olive, Ill.</i>		(State)	
24. FUNERAL DIRECTOR <i>Albert H. Hoppe, 4700 Washington Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 21 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300  
1-57

no symptoms were noted

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 *Robert M. Murray*.....

Licensed Embalmer No. *37490*.....  
P. O. Address *St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.