

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Fulton Mo. St.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: State Hospital No 12
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 yrs 1 m 5 d
 (Specify whether _____)

3. (a) PRINT FULL NAME Sylvester Johnson
 3. (b) If veteran, name war OK
 3. (c) Social Security No. 152

4. Sex M. O 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Lennie Johnson
 6. (c) Age of husband or wife if alive, deceased 23 years
 7. Birth date of deceased Sep 23 1868
 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 6
 If less than one day _____ hr. _____ min.

9. Birthplace Luney Ill
 (City, town, or county) (State or foreign country)

10. Usual occupation Dist Rider

11. Industry or business _____

MOTHER FATHER
 12. Name B. M. Johnson
 13. Birthplace OK 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Sue E. Young
 15. Birthplace OK 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Record

(b) Address _____

17. (a) Removal (b) Date thereof 6-29-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal, Mo.

18. (a) Signature of funeral director Ellen J. Maupin
 (b) Address Fulton, Mo.

19. (a) 6-29-42 (b) Joie Moscutch
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion 14
 (c) City or town Hannibal 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 625 Broadway
 (If rural, give location) O
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
 year 1942 hour 3-35 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6/24/42, 1942, to 6/29/42, 1942
 that I last saw him alive on 6/29/42, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Fracture R. Hip

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 014

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature George H. Reers (M. D. or other) MD
 Address Fulton MA Date signed 6/29/42

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

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *Herald J. Christey*
Licensed Embalmer No. *4002*
P. O. Address *Dutton, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26796

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. _____

1. PLACE OF DEATH: Callaway
 (a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (Specify whether _____)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Sylvester Johnson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June Day 24 Year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Sept 23 1868
 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days _____ If less than one day _____ min.
 9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____
 11. Industry or business _____
 12. Name _____
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
 17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
 (Burial, cremation, or removal) (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____
 19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

Due to fracture Rt. Hip.
 Due to _____
 Other conditions _____ (include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) accident
 (b) Date of occurrence 6/24/42
 (c) Where did injury occur? Fulton Callaway Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hospital No 1
 While at work? _____ (Specify type of place) (e) Means of injury fell on floor
 23. Signature George W. Reuss (M. D. or other M.A.)
 Address _____ Date signed 8/21/42

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

MOTHER FATHER

SUPPLEMENTARY

and the extent to which they are able to meet their needs. The extent to which they are able to meet their needs is a function of their resources and the extent to which they are able to access those resources.

There are a number of factors that can influence an older adult's ability to meet their needs. These factors include:

• **Physical health:** Older adults with physical health problems may have difficulty performing activities of daily living, which can limit their ability to meet their needs.

• **Mental health:** Older adults with mental health problems may have difficulty performing activities of daily living, which can limit their ability to meet their needs.

• **Social support:** Older adults with a strong social support network may be better able to meet their needs than those with a weak social support network.

• **Financial resources:** Older adults with sufficient financial resources may be better able to meet their needs than those with limited financial resources.

• **Access to services:** Older adults with access to needed services may be better able to meet their needs than those without access to those services.

• **Education and skills:** Older adults with higher education and skills may be better able to meet their needs than those with lower education and skills.

• **Living arrangements:** Older adults living in a supportive environment may be better able to meet their needs than those living in an unsupportive environment.

• **Transportation:** Older adults with access to transportation may be better able to meet their needs than those without access to transportation.

• **Information:** Older adults with access to information may be better able to meet their needs than those without access to information.

• **Attitudes:** Older adults with positive attitudes may be better able to meet their needs than those with negative attitudes.

• **Personality:** Older adults with certain personality traits may be better able to meet their needs than those with other personality traits.

• **Life events:** Older adults who have experienced certain life events may be better able to meet their needs than those who have not experienced those events.

• **Community resources:** Older adults living in a community with a strong social support network may be better able to meet their needs than those living in a community with a weak social support network.

• **Government programs:** Older adults who are eligible for government programs may be better able to meet their needs than those who are not eligible for those programs.