

FILED NOV 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36968**

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5466		Registrar's No. 989	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) Springfield, Rural		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) Springfield, Rural		d. STREET ADDRESS (If rural, give location) Route 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 3				d. STREET ADDRESS (If rural, give location) Route 3			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) L.		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) November 10, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 5, 1859	
9. AGE (In years) (Last birth) (Months) (Days) 90 10 5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY On Farm		11. BIRTHPLACE (State or foreign country) Rogersville, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY On Farm		11. BIRTHPLACE (State or foreign country) Rogersville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Johnson		13b. MOTHER'S MAIDEN NAME Mrs. Lucinda Hayes		14. NAME OF HUSBAND OR WIFE Lucy A. Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucy A. Johnson Springfield,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 481X				18. PERIOD BETWEEN ONSET AND DEATH 5 days	
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)			
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 Nov 9, 1949 , to Nov 12, 1949 that I last saw the deceased alive on Nov 9, 1949 , and that death occurred at 2 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. S. Breton M.D.				23b. ADDRESS Springfield Mo		23c. DATE SIGNED 11/11/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 13, 1949		24c. NAME OF CEMETERY OR CREMATORY Hazelwood		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
DATE REC'D BY LOCAL REG. 11-14-49		REGISTRAR'S SIGNATURE W. E. Dudley and III		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dorman-Schaff Funeral Home Springfield, Mo.			

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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. Edwin Gordon

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.