

Report

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7629

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Columbia	
c. LENGTH OF STAY (in this place) 59 Years		d. STREET ADDRESS (If rural, give location) 514 Woodrow St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 514 Woodrow St.			

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) BERKLEY	c. (Last) JOHNSON	4. DATE OF DEATH (Month) (Day) (Year) Mar. 5, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 2, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) University of Mo. employee	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Richard Johnson	13b. MOTHER'S MAIDEN NAME Margaret Gerell	14. NAME OF HUSBAND OF WIFE Margaret Frances Faulkner
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Joseph B. Johnson, Columbia, Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH few minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arterio Sclerotic Heart		
ANTECEDENT CAUSES			4:200
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Age			
DUE TO (c) None			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT-SUICIDE-HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from 12-15, 1950, to 12-28, 1950, that I last saw the deceased alive on 12-28, 1950, and that death occurred at 6-20 m., from the causes and on the date stated above.

23a. SIGNATURE W. A. Nye (Degree or title)	23b. ADDRESS Columbia, Mo.	23c. DATE SIGNED 3-10-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 7, 1950	24c. NAME OF CEMETERY OR CREMATORY Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Boone County, Missouri.
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DATE REC'D BY LOCAL REG. Mar. 7 1950	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer 31	25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service Columbia Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1950

District File Number

District Health Officer No. 9

RECEIVED MAR 23 1950

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 Thas L. Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.