

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8306

BIRTH NO. 70004-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 268

1. PLACE OF DEATH
a. COUNTY GREENE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY Douglas

b. CITY (If outside corporate limits, write RURAL and give township) Springfield c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township) Nowood Rural 0340

d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital d. STREET ADDRESS (If rural, give location) Nowood, State Route 1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Denny Joe Johnson

4. DATE OF DEATH (Month) (Day) (Year) 3-21-1950

5. SEX M 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH 9-25-1949 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 18 Hrs. Min. 5 26

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINESS OR INDUSTRY Infant 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James R. Johnson 13b. MOTHER'S MAIDEN NAME Genevieve Lettinger 14. NAME OF HUSBAND OR WIFE

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. no 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Genevieve Johnson - State Route - Nowood, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES (b) Mesothelioma DUE TO (b) Mesothelioma

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

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Separation for Mesothelioma

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3/21/50 19b. MAJOR FINDINGS OF OPERATION Mesothelioma 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) Nowood Douglas MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

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 3-20, 1950, to 3-21, 1950, that I last saw the deceased alive on 3-21, 1950, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE W. E. Handley (Degree or title) M.D. 23b. ADDRESS 1630 N. Jeff. Springfield Mo. 23c. DATE SIGNED 3-21-50

24a. BURIAL, CRÉMA-TION, REMOVAL (Specify) Buried 24b. DATE 3/23/1950 24c. NAME OF CEMETERY OR CREMATORY Shilo Cemetery 24d. LOCATION (City, town, or county) (State) Douglas County, Mo.

DATE REC'D BY LOCAL REG. 3-23-50 REGISTRAR'S SIGNATURE W. E. Handley M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bouldin Funeral Home - Nowood, Mo.

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.

Signed: Thomas J. Goulden

Signed.....

Student Embalmer

Licensed Embalmer No. 4317

P. O. Address Norwood, 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.