

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11730

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Vermon</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dreight</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wash twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mainstem Grove</u>	
c. LENGTH OF STAY (in this place) <u>1-5-2</u>		d. STREET ADDRESS (If rural, give location) <u>1141</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			
3. NAME OF DECEASED a. (First) <u>JOSEPH O.</u> b. (Middle) <u>JOHNSON</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-50</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>	8. DATE OF BIRTH <u>10-18-85</u>
9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Merew Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>James Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Hickman</u>	14. NAME OF HUSBAND OR WIFE <u>Widowed</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u></u>		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
18a. X		18b. X	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
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 <u>2-20-1950</u> to <u>3-14-1950</u> , that I last saw the deceased alive on <u>3-14-1950</u> , and that death occurred at <u>10:53 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. K. Hall</u> (Degree or title)		23b. ADDRESS <u>Mo - Nevada Mo</u>	23c. DATE SIGNED <u>3-14-50</u>
24a. BURIAL (Specify)		24b. DATE <u>March 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>State Hospital Cemetery Nevada Missouri</u>
24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Larry Campbell</u>	
DATE REC'D BY LOCAL REG <u>Mar. 16, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Janczy</u>	
25. FUNERAL DIRECTOR'S ADDRESS <u>371 Larry Campbell Home Nevada</u>			

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

1080  
7

RECEIVED

District Health Officer No. 7,

District File Number 2-50-24

Date Filed 3-21-50

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**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 *H. B. Stern*

Licensed Embalmer No. 1760

P. O. Address Nevada 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.