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BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 302

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia 0104</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Flores Bldg</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>F</u> c. (Last) <u>Johnson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 14 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 16, 1882</u>	9. AGE (In years last birthday) <u>68</u> Months <u>9</u> Days <u>29</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Richard J Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Farrell</u>	14. NAME OF HUSBAND OR WIFE <u>?</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W E Johnson</u>	ADDRESS <u>Bro. Columbia</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Blood loss due to lunge wound</u> DUE TO (c) <u>Shock</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Known inclusions: heart, lungs, spleen</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Columbia Boone Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot</u>
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22. I hereby certify that I attended the deceased from Columbia, Mo, 1950, to 11 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry W. Griffith</u> (Degree or title) <u>Med. Exam</u>	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>11-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 27 1950</u>	REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>	31	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. O. Wood</u>	ADDRESS <u>Columbia</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-5-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-5-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Guy J. Shelton

Licensed Embalmer No. 4700

P. O. Address Columbia, M

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.