

FILED JAN 18 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

903

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 302 Registrar's No. 174

0402
1

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>48 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u> <u>0402</u> <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>504 Pleasant View</u>			d. STREET ADDRESS (If rural, give location) <u>504 Pleasant View.</u>		

3. NAME OF DECEASED (Type or Print) <u>GARL A. JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 51</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>MARRIED</u>	8. DATE OF BIRTH <u>Nov 26 1878</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railway Engineer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u>	11. BIRTHPLACE (State or foreign country) <u>Sweden</u> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jon Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Ellison</u>		14. NAME OF HUSBAND OR WIFE <u>Rachael Holmes</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>—</u>	16. SOCIAL SECURITY NO. <u>708-14-2488</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rachael Holmes</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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular - Renal Disease 2 years</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Do not know</u>				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>402-1</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
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22. I hereby certify that I attended the deceased from Jan 10 1951 to Jan 11 1951, that I last saw the deceased alive Jan 11 1951, and that death occurred at 4:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Clarence Duffey M.D.</u> (Degree or title) _____		23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Jan 12 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>North Masonic</u>	24d. LOCATION (City, town, or county) <u>Trenton Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-13-51</u>	REGISTRAR'S SIGNATURE <u>Jane Fair</u> <u>115</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Navis Blackman</u> <u>Trenton Mo</u>	
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JAN 19 1957

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

J. Gordon Blackmer

Signed.....
Student Embalmer

Licensed Embalmer No. *4602*

P. O. Address *Newton, 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.