

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

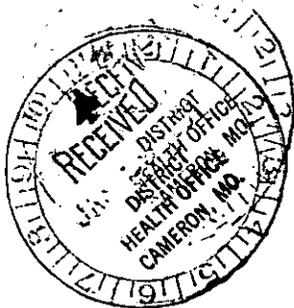
State File No. 2133

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6-964 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Platte Co. Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R #4 Parkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Parkville Mo. Platte</u>	
c. LENGTH OF STAY (in this place) <u>1 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 0830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u>		b. (Middle) <u>Josephine</u>	
		c. (Last) <u>Johnson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1 17 51</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct 27 1861</u>
9. AGE (In years last birthday) <u>89</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Geo. W. Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah A. Parr</u>	
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)		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Geo. Adelle Parkville</u>		ADDRESS <u>Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal broncho pneumonia</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial heart disease</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>422.2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Minute)		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>Dec 30, 1950</u> , to <u>Jan 17, 1951</u> , that I last saw the deceased alive on <u>Jan 17, 1951</u> , and that death occurred at <u>7:45 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. Charles Fowler, M.D.</u>		23b. ADDRESS <u>2025 Swift, No. Ken. Mo.</u>	
23c. DATE SIGNED <u>1/17/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-20-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Harmony</u>		24d. LOCATION (City, town, or county) (State) <u>4 mi. So. Hample Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-17-51</u>		REGISTRAR'S SIGNATURE <u>257</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Phelia Robbins</u>		ADDRESS <u>Summerfield Legw. Stewartsville Mo.</u>	

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

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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 \_\_\_\_\_ ✓

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_ ✓

Signed \_\_\_\_\_ ✓  
Student Embalmer

Signed W. E. Summerfield

Licensed Embalmer No. 5007

P. O. Address Stewartsville, 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.**