

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4098  
Registrar's No. 22

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Carroll</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Carrollton</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bosworth</i>	
c. LENGTH OF STAY (In this place) <i>6 months</i>		d. STREET ADDRESS (If rural, give location) <i>0170 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Singleton Rest Home</i>			
3. NAME OF DECEASED a. (First) <i>WILLIAM</i>		b. (Middle) <i>MARVIN</i>	c. (Last) <i>JOHNSON</i>
4. DATE OF DEATH (Month) (Day) (Year) <i>Feb. 16 1951</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>divorced 3</i>	8. DATE OF BIRTH <i>June 20-1874</i>
9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>26</i>	IF UNDER 2 HRS. Hours <i></i> Mins. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>musician</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>composer of music</i>	11. BIRTHPLACE (State or foreign country) <i>Coloma Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Richard M. Johnson</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Elizabeth Standley</i>	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. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Rev. Chas W. Johnson Osborn Mo.</i>	
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) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		331X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 <i>2-10-1951</i> , to <i>2-16-1951</i> , that I last saw the deceased alive on <i>2-16-1951</i> , and that death occurred at <i>11:00 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Dr. Everett E. Smith D.O.</i>		23b. ADDRESS <i>903 N. Main, Carrollton, Mo.</i>	23c. DATE SIGNED <i>2-13-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>Feb. 17-1951</i>	24c. NAME OF CEMETERY OR CREMATORY: <i>Biaden</i>	24d. LOCATION (City, town, or county) (State) <i>Coloma, Missouri</i>
DATE REC'D BY LOCAL REG. <i>2/17/51</i>	REGISTRAR'S SIGNATURE <i>Mr. Herbert Calvert</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Lepard &amp; Edwards Bosworth 2410</i>	

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



**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 David J. Edwards

Licensed Embalmer No. 3265

P. O. Address Bowarth 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.