

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7530

State File No.

FILED APR 3 1951

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>5120</u>		Registrar's No. <u>87</u>	
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) OR TOWN <u>Columbia - Rocky Fork Township</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia Rocky Fork Township</u>		0700 J	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 6</u>				d. STREET ADDRESS (If rural, give location) <u>Route 6</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>EDWARD</u>		c. (Last) <u>JOHNSON</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1951</u>	
8. DATE OF BIRTH <u>Sept. 12, 1865</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Pettis Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Estes</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. W.E. Johnson, Route 6, Columbia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronch. Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia</u> DUE TO (c) <u>Hypertrophy of Prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 Days</u> <u>10 Days</u> <u>2 yrs.</u> <u>610X</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) (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>March 27, 1951</u> , to <u>Mar 28, 1951</u> , that I last saw the deceased alive on <u>Mar 28, 1951</u> , and that death occurred at <u>12 A.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul A. Dietrich, M.D.</u>				23b. ADDRESS <u>Prof. Bldg. Beckwith</u>		23c. DATE SIGNED <u>Mar 29-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 30, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 29 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker Funeral Service</u>		ADDRESS <u>Columbia, Mo.</u>	

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

RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-2-51 _____

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 Dean L. Basing

Signed _____
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.