

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9120**

BIRTH NO. _____		REG. DIST. NO. 167		PRIMARY REG. DIST. NO. 4256		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) Holden		c. LENGTH OF STAY (in this place) 2 years		c. CITY (If outside corporate limits, write RURAL and give township) Holden		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) ✓			
3. NAME OF DECEASED (Type or Print) a. (First) Orville		b. (Middle) Perry		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) March 6 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed ✓		8. DATE OF BIRTH June 6, 1872	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months 9 Days -		IF UNDER 12 HRS. Hours - Min. -		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Carroll County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Perry Johnson		13b. MOTHER'S MAIDEN NAME Emma Woolverton		14. NAME OF HUSBAND OR WIFE Laurel B. Evans Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William E. Johnson Holden, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				4222	
		DUE TO (b) Chronic Myocarditis					
		DUE TO (c)					
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 19 , 19 50 , to Mar 6 , 19 51 , that I last saw the deceased alive on Mar 5 , 19 51 , and that death occurred at 6 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James M. Halberberg M.D.				23b. ADDRESS Holden, Mo.		23c. DATE SIGNED 3/7/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 8-1951		24c. NAME OF CEMETERY OR CREMATORY Garden City Cemetery		24d. LOCATION (City, town, or county) (State) Garden City, Mo.	
DATE REC'D BY LOCAL REG. 3-14-1951		REGISTRAR'S SIGNATURE Wm. L. Redford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. D. Hartzler East Lynn, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0510
1

RECEIVED
MAR 22 1951
JOHNSON COUNTY HEALTH DEPT.

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 A. D. Hartzler

Licensed Embalmer No. 2717

P. O. Address East Lyme

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.

[Handwritten notes and signatures at the bottom of the page, including "ALL ...", "MAR 22 1951", and "JOHNSON COUNTY HEALTH DEPT."]