

FILED APR 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. **11926**

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4125** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Clark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Revere		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Revere 0230	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) **Christopher** b. (Middle) **Scott** c. (Last) **JOHNSON** 4. DATE OF DEATH (Month) (Day) (Year) **April 6 1951**

5. SEX **male** 6. COLOR OR RACE **white** 7. (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) (Specify) **married** 8. DATE OF BIRTH **Aug. 12-1865** 9. AGE (In years, last birthday) **85** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 48 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Iowa** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **C.C. Johnson** 13b. MOTHER'S MAIDEN NAME **Melissa Feuley** 14. NAME OF HUSBAND OR WIFE **Kate Johnson**

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. _____ 17. INFORMANT'S SIGNATURE OR NAME **Ms. Kate Johnson** ADDRESS **Revere Mo.**

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cancer of Prostate**
ANTECEDENT CAUSES _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **4 years**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **177x** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Oct 1, 1944** to **April 5, 1951**, that I last saw the deceased alive on **April 5, 1951**, and that death occurred at **3 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. L. McConnell MD** (Degree or title) 23b. ADDRESS **Revere Mo.** 23c. DATE SIGNED **4-8-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **April 8, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Revere Cem.** 24d. LOCATION (City, town, or county) (State) **Revere Mo.**

DATE REC'D BY LOCAL REG. **4/14 51** REGISTRAR'S SIGNATURE **J. M. Bridges** 61 FUNERAL DIRECTOR'S SIGNATURE **J. L. McConnell** ADDRESS **Kakaha**

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

730
1

Date Received: APR 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-74
Date Filed: APR 19 1951

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 Otis L. Yutting

Signed.....
Student Embalmer

Licensed Embalmer No. 2965

P. O. Address Raymer

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.