

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17043**
REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028**
Registrar's No. **10932**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
c. LENGTH OF STAY (in this place) 2 1/2 mos		d. STREET ADDRESS (If rural, give location) 1003 S. Fulton St.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Chaney Conv-316 Fulton		3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) SPENCER c. (Last) JOHNSON	
4. DATE OF DEATH (Month) (Day) (Year) May 5, 1951		5. SEX male 6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Nov 12, 1868	
9. AGE (In years last birthday) 82		10. KIND OF BUSINESS OR INDUSTRY building	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. carpenter		11. BIRTHPLACE (State or foreign country) Webster Co, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Spencer W. Johnson	
13b. MOTHER'S MAIDEN NAME Joyce A. Hailey		14. NAME OF HUSBAND OR WIFE Nancy A. Ford 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. none	
17. INFORMANT'S SIGNATURE OR NAME Grace Stillabower		ADDRESS 1003 Fulton Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		002X	
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 Apr 10, 1951 , to Apr 29, 1951 , that I last saw the deceased alive on Apr 29, 1951 , and that death occurred at 5:30 p m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. B. Bellinger, M.D.		23b. ADDRESS Joplin, Mo.	
23c. DATE SIGNED 5-7-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 8, 1951	
24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo.	
DATE REC'D BY LOCAL REG. 5-8-51		REGISTRAR'S SIGNATURE W. B. Bellinger, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo		ADDRESS Knell Mortuary, Carthage, Mo	

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

1495
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RECEIVED 5-15-51
Jasper County Health Office

County File Number 51/5/398
Date Filed 5-15-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Carthage, 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.