

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19968**
Registrar's No. **89**

JUN 26 1951

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 89	
1. PLACE OF DEATH a. CITY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (In this place) 4 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton Mo 0422			
d. FULL NAME OF HOSPITAL OR INSTITUTION Moore Nursing Home				d. STREET ADDRESS (If rural, give location) 607 E FRANKLIN			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) H		c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) June 20 1951	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 2/14/1883	
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months 4 Days 6		11. BIRTHPLACE (State or foreign country) TOLEDO OHIO		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY Involved		13a. FATHER'S NAME JAMES H MARTIN		13b. MOTHER'S MAIDEN NAME IDA V TEFFT	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		15. SOCIAL SECURITY NO. none		16. INFORMANT'S SIGNATURE OR NAME Ms H C McDaniel		ADDRESS Clinton 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH 5 MIN 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"/>			
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 _____, 19 30 , to _____, 19 51 , that I last saw the deceased alive on June 10, 1951 , and that death occurred at 8 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Aug L B. Walker, MD				23b. ADDRESS Clinton, Mo		23c. DATE SIGNED 21 June 1951	
24a. BURIAL CREMATION REMOVAL (Specify) REMOVED		24b. DATE 6/22/51		24c. NAME OF CEMETERY OR CREMATORY Garnett Maus. Cem		24d. LOCATION (City, town, or county) (State) Garnett Kansas	
DATE REC'D BY LOCAL REG. June 22 1951		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE J E Consalus		ADDRESS Clinton Mo	

(Licensed Embalmer's Statement on Reverse Side)

0422
4
WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

wake

RECEIVED 6-25-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-25-51

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 A. E. Combs

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.