

FILED JUN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20525

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>2290</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carl Junction</u>		<u>0490</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1 Box 74</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u>			b. (Middle) _____			c. (Last) <u>Johnson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Jan. 28, 1874</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u>		IF UNDER 24 HRS. Hours _____ Min. _____	
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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John R. Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Betsy Ann Brewer</u>			14. NAME OF HUSBAND OR WIFE <u>Amy C. Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Amy C. Johnson</u>		ADDRESS <u>Carl Junction, 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>Carcinoma of Head of Pancreas</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION  <u>157x</u>				20. AUTOPSY? YES <input checked="" 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June 11, 1951</u> , to <u>June 15, 1951</u> , that I last saw the deceased alive on <u>June 15, 1951</u> , and that death occurred at <u>1:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Inscribed by title) <u>Julius W. Kordeker, M.D.</u>				23b. ADDRESS <u>Trisco Bldg., Joplin Mo.</u>		23c. DATE SIGNED <u>6-18-51</u>	
24a. BURIAL, CREMATION/REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-17-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newtonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Newtonia Newton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-19-51</u>		REGISTRAR'S SIGNATURE <u>By David Dillon</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>David Dillon</u>		ADDRESS <u>Funeral Home Joplin, Mo.</u>	

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

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RECEIVED 6-25-51  
Jasper County Health Office

County File Number 51/6/51  
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.

Signed \_\_\_\_\_

*David Dillon*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.