

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20688

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

BIRTH NO.		REG. DIST. NO. 184	PRIMARY REG. DIST. NO. 3038	Registrar's No. 52
1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield 0582		
d. FULL NAME OF HOSPITAL OR INSTITUTION McLarney Hospital		d. STREET ADDRESS (If rural, give location) 1111 Sunset Hill Road		
3. NAME OF DECEASED (Type or Print) a. (First) MYRON b. (Middle) JOHNSON c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) June 25, 1951		
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NM 0	8. DATE OF BIRTH February 12, 1932	9. AGE (In years last birthday) 19 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) Student		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Mason F. Johnson		13b. MOTHER'S MAIDEN NAME Bess Finkelstein	14. NAME OF HUSBAND OR WIFE	
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 Mason F. Johnson Brookfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory arrest  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic Carcinoma of brain. DUE TO (c) Meningeal tumor  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 mos. 2 years. 193X
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) m.		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 4/1, 1946, to 6/25, 1950, that I last saw the deceased alive on 4/16, 1951, and that death occurred at 4:42 p.m., from the causes and on the date stated above.				
23a. SIGNATURE R. W. Buchanan		(Degree or title) M.D.	23b. ADDRESS 21 Linn Brookfield 6/28/51	
23c. DATE SIGNED 6/28/51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE June 27, 1951	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State) Brookfield, Mo.
DATE REC'D BY LOCAL REG. 6-27-51		REGISTRAR'S SIGNATURE Wright 167		25. FUNERAL DIRECTOR'S SIGNATURE Wright Funeral Home, Brookfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JUL 2 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 757-1183  
Date Filed: JUL 3 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Harold B. Wright*

Licensed Embalmer No. *3718*

P. O. Address *Brookfield, 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.