

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1951

State File No. 26616

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 704			
1. PLACE OF DEATH a. COUNTY <b>GREENE 0396</b>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Lawrence</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (in this place) <b>2</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mt. Vernon 0550</b>		d. STREET ADDRESS (If rural, give location) <b>216 W. Sloan 1</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>				3. NAME OF DECEASED a. (First) <b>William</b> b. (Middle) <b>O.</b> c. (Last) <b>Johnson</b>					
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 14 1951</b>		5. SEX <b>MO</b>		6. COLOR OR RACE <b>Wht</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>			
8. DATE OF BIRTH <b>Aug 10 1883</b>		9. AGE (In years) (last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		11. BIRTHPLACE (State or foreign country) <b>Paris Springs, Mo.</b>			
10b. KIND OF BUSINESS OR INDUSTRY <b>Car Salesman</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>William Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane West</b>			
14. NAME OF HUSBAND OR WIFE <b>Almeda Johnson, wife</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Herbert Johnson, Son, 3118. M. Cause Mt. Vernon</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease with coronary thrombosis.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 WKS</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>4200</b>			
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 <b>8/12</b> , 1951, to <b>8-14</b> , 1951, that I last saw the deceased alive on <b>8-14</b> , 1951, and that death occurred at <b>7:30 AM</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>J.P. Hodges M.D.</b>				23b. ADDRESS <b>Springfield, Mo</b>		23c. DATE SIGNED <b>8/14/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-17-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Vernon Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Mt Vernon Mo</b>			
DATE REC'D BY LOCAL REG. <b>8-17-51</b>		REGISTRAR'S SIGNATURE <b>W.E. Handlyoum</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H. H. Fossett Mt Vernon Mo</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 24 1951  
OCT 30 1951

SEP 17 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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed H. L. Forsett

Licensed Embalmer No. 2201

P. O. Address Wit Vernon Va

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.