

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29796

FILED SEP 29 1951

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Smithville</u>	c. LENGTH OF STAY (in this place) <u>-</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg</u> <u>0250</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Community Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>406 N 8th</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anthony</u> b. (Middle) <u>De Fraine</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 10 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. 14 1892</u>		9. AGE (In years last birthday) <u>79</u> <u>7</u> <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road laborer.</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> <u>1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Ballard</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Myrtle May Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>x</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. Myrtle Johnson</u> ADDRESS <u>Plattsburg MO.</u>	

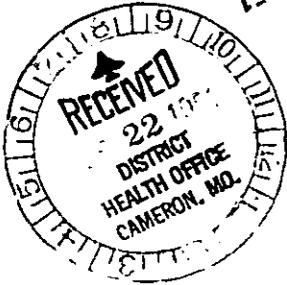
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. <u>hypertrophy of prostate (Benign)</u> 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. <u>-610X</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Benign hypertrophy prostate</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., for 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 July 10, 1951, to Sept 10, 1951, that I last saw the deceased alive on Sept 10, 1951, and that death occurred at 7:30 pm. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Spelman M.D.</u>		23b. ADDRESS <u>Smithville Mo.</u>		23c. DATE SIGNED <u>9-12-51</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Sept. 13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Plattsburg Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Lyon</u> ADDRESS <u>Plattsburg MO</u>			
DATE REC'D BY LOCAL REG. <u>Sept 13-51</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchener</u>			

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



NOV 20 1957

OCT 19 1957

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 Donnell R. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg Md.

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.