

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32644**

OCT 29 1951

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1089**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hosp.		d. STREET ADDRESS (If rural, give location) 2510 S. 16th St.	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Wallace c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) October 19, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 20, 1864	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret.		10b. KIND OF BUSINESS OR INDUSTRY railroad	11. BIRTHPLACE (State or foreign country) Warsaw, Indiana	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Benjamin H. Johnson		13b. MOTHER'S MAIDEN NAME Mary Ellen McClure		14. NAME OF HUSBAND OR WIFE Amanda Jane Johnson	
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ethel Carson, 2510 S. 16th St. St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure				INTERVAL BETWEEN ONSET AND DEATH 10 min.	
		ANTECEDENT CAUSES Metastatic Failure, both lungs and Broncho Pneumonia				Unknown	
		DUE TO (b) and					
		DUE TO (c) Carcinoma of Prostate				4 years	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral Nephrosclerosis Diverticulosis of small Bowel				Unknown Since birth	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177X		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) 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 **Aug. 27, 1946, to Oct., 19, 1951**, that I last saw the deceased alive on **Oct., 18, 1951**, and that death occurred at **2 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Orin W. Stearns, M.D.		23b. ADDRESS Tootle Building St. Joseph, Missouri		23c. DATE SIGNED 10-22-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 10/20/1951		24c. NAME OF CEMETERY OR CREMATORY Trenton, Missouri	

DATE REC'D BY LOCAL REG. October 25, 1951		REGISTRAR'S SIGNATURE Carl C. Casper		25. FUNERAL DIRECTOR'S SIGNATURE Winston Bowman	
				ADDRESS Winston Bowman Funeral Home St. Joseph, Mo.	

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 Eugene Wood

Licensed Embalmer No. 3864

P. O. Address 519.50th St. Gary

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.