

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34231

State File No.

FILED OCT 15 1951

BIRTH NO.		REG. DIST. NO. <u>283</u>		PRIMARY REG. DIST. NO. <u>3037</u>		Registrar's No. <u>217</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u>		c. LENGTH OF STAY (in this place) <u>Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt. Vernon</u> <u>25511</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>923 S. MARKET ST.</u>				d. STREET ADDRESS (If rural, give location) <u>923 S. MARKET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>HENRY</u>		c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 3, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>SEPT. 5, 1951</u>	
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>11</u>		11. BIRTHPLACE (State or foreign country) <u>GADE Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STOCK MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRADING</u>		11. BIRTHPLACE (State or foreign country) <u>GADE Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Levi Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Lonice Boretta Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>FERN SUMMERS AURORA</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FERN SUMMERS</u> ADDRESS <u>AURORA</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3-4 yrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility and cerebral hemorrhage to left parietal</u>					
		DUE TO (c) <u>herkrophlegia</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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) (Min.)		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>7/7</u> , 1951, to <u>9/2</u> , 1951, that I last saw the deceased alive on <u>7/7</u> , 1951, and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ferneth Glover MD</u>				23b. ADDRESS <u>Mt. Vernon Mo</u>		23c. DATE SIGNED <u>9/6/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pennsboro Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 6, 1951</u>		REGISTRAR'S SIGNATURE <u>Cecil Handwerker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Osborn Marsh</u> ADDRESS <u>Aurora Mo</u>			

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

OCT 10 1951

Dist. File

1057-2226

Date Filed

10-20-51

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.

Student
Student Embalmer

Signed

Gene H. Parent

Licensed Embalmer No. 4809

P. O. Address Aurora, 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.