

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36063

State File No.
Registrar's No. 185

FILED OCT 16 1951

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6023

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

1970
2

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Carter</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural Marshall Twp.</i>		c. LENGTH OF STAY (in this place) <i>12 yrs 4 mo 29 d</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo State School</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Freemont</i>	
3. NAME OF DECEASED (Type or Print) (First) <i>Rolla</i> (Middle) <i>-</i> (Last) <i>Johnson Jr.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 5, 1951</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>never married</i>	8. DATE OF BIRTH <i>Aug 10 1930</i>
9. AGE (In years last birthday) <i>21</i>	IF UNDER 1 YEAR Months <i>1</i>	IF UNDER 24 HRS. Hours <i>25</i>	10. MIN. <i>25</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Rolla Johnson</i>	
13b. MOTHER'S MAIDEN NAME <i>Bessie Rongley</i>		14. NAME OF HUSBAND OR WIFE <i>never married</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mo State School Marshall Mo</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lobar Pneumonia</i>	
		ANTECEDENT CAUSES	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Epilepsy</i> DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
			<i>490X</i>
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 <i>June</i> , 1951, to <i>Oct 5</i> , 1951, that I last saw the deceased alive on <i>Oct 5</i> , 1951, and that death occurred at <i>5³⁰ p</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>C. E. Sulzbyr</i> (Degree or title) <i>M.D.</i>		23b. ADDRESS <i>Marshall Mo</i>	23c. DATE SIGNED <i>Oct. 5, 1951</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>10-6-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Freemont Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Freemont Mo.</i>
DATE REC'D BY LOCAL REG. <i>Oct 6 1951</i>	REGISTRAR'S SIGNATURE <i>Clidway F Gray</i> 385	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Harry Herzbogen Marshall Mo</i>	

RECEIVED OCT 15 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 15 1951

AS
NON 5
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.

Signed _____
Student Embalmer

Signed Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.