

FILED JAN 9 1952

STANDARD CERTIFICATE OF DEATH

State File No. 42394

2732
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Anderson</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sal's Memorial Hospital</u>			
3. NAME OF DECEASED a. (First) <u>GEORGE ELMER</u> b. (Middle) <u>JOHNSON</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>17-9-1951</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>7-24-1891</u>
9. AGE (in years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>	IF UNDER 1 HR. Hours <u>15</u> Min. <u>15</u>	11. BIRTHPLACE (State or foreign country) <u>Anderson Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant plus night watching</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Anderson Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>William Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>L. Phil Dollis</u>	14. NAME OF HUSBAND OR WIFE <u>Maggie Johnson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Maggie Johnson Anderson</u> ADDRESS _____
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ 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. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>163 X</u>	
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 <u>11-10-1951</u> , to <u>12-9-1951</u> , that I last saw the deceased alive on <u>12-8-1951</u> , and that death occurred at <u>1:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. W. Blankenship, M.D.</u> (Degree or title)		23b. ADDRESS <u>Anderson Mo.</u>	
23c. DATE SIGNED <u>Dec 29, 1951</u>		23d. LOCATION (City, town, or county) (State) _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-12-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Anderson Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 29, 1951</u>		REGISTRAR'S SIGNATURE <u>W. C. Barragan</u> 22300	
25. FUNERAL DIRECTOR'S SIGNATURE <u>H. E. Chittla</u>		ADDRESS <u>Anderson Mo.</u>	

(Licensed Embalmer's Statement, on Reverse Side)

NEWTON COUNTY HEALTH UNIT

RECEIVED

District Health Officer No. _____

District File Number 1257-398

Date Filed Jan 8, 1954, MISSOURI

20114133

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 R.E. Cheston

Licensed Embalmer No. 3813

P. O. Address Anderson 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.