

FILED JAN 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. 48880

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 4542 Registrar's No. 22

1. PLACE OF DEATH
 a. COUNTY Webster
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Requiemille
 c. LENGTH OF STAY (In this place) years
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
 a. STATE Missouri b. COUNTY Webster
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Requiemille 1170
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
 a. (First) ISAAC b. (Middle) _____ c. (Last) JOHNSON
4. DATE OF DEATH (Month) (Day) (Year) Dec 10, 1951

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Unmarried
8. DATE OF BIRTH Feb. 15 1865 **9. AGE** (In years last birthday) 86 **10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Retired Farmer **10b. KIND OF BUSINESS OR INDUSTRY** _____
11. BIRTHPLACE (State or foreign country) Webster Co, Mo **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Francis M. Johnson **13b. MOTHER'S MAIDEN NAME** Medley **14. NAME OF HUSBAND OR WIFE** Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** W. Johnson **ADDRESS** Requiemille Mo

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis
 DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** No opert. **20. AUTOPSY?** YES NO

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)** _____ 4222

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Oct 15, 1949, to Dec 10, 1951, that I last saw the deceased alive on Dec 9, 1951, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. R. Schultz, M.D. **23b. ADDRESS** Ford, Mo. **23c. DATE SIGNED** 12/28/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Dec 13 1951 **24c. NAME OF CEMETERY OR CREMATORY** Panther Valley Cem **24d. LOCATION** (City, town, or county) (State) Requiemille, Rural Mo.

DATE REC'D BY LOCAL REG. 12-28-51 **REGISTRAR'S SIGNATURE** Lester W. Good **25. FUNERAL DIRECTOR'S SIGNATURE** H. C. Jewell **ADDRESS** Requiemille Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

1120

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 _____

working under my personal supervision.

Student Embalmer No.

Signed K. K. Kelley

Signed

Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Farmland, 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.