

FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH

State File No. **1080**
Registrar's No. **0430**

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **422D**

0430
1

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

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Hickory	
b. CITY (If outside corporate limits, write RURAL and give township) Wheatland-Wheatland T.S.		c. CITY (If outside corporate limits, write RURAL and give township) Wheatland-Rural-Wheatland T.S.	
c. LENGTH OF STAY (In this place) 3 years		d. STREET ADDRESS (If rural, give location) 3 miles S.E. of Wheatland	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 miles S.E. Wheatland			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Berton c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) Jan 4-1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 16-1873
9. AGE (In years) (Months) (Days) (Hours) (Min.) 78 1 18		11. BIRTHPLACE (State or foreign country) Ky. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Stock Farming	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME William Johnson		13b. MOTHER'S MAIDEN NAME MARY L. MYERS		14. NAME OF HUSBAND OR WIFE Gertrude 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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Gertrude Johnson-Wheatland, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION.			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Deafness		
DUE TO (c) Senile. hl ability		
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 4222		20. AUTOPSY? YES <input 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) (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 1952, to Jan 4, 1952, that I last saw the deceased alive on Jan 4, 1952, and that death occurred at 1:20 P m., from the causes and on the date stated above.

23a. SIGNATURE L. R. Easton		23b. ADDRESS Trumbull Mo		23c. DATE SIGNED Jan 6 52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 7 1951		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	
24d. LOCATION (City, town, or county) (State) Cleavot, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Robert Hathaway-Wheatland, Mo			
DATE REC'D BY LOCAL REG. Jan 6 1952		REGISTRAR'S SIGNATURE Mary Johnson		ADDRESS 464	

RECEIVED JAN 9 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 9 1952

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 Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, MD

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.