

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2042

FILED JAN 17 1952

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 2

5660
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-FRANKLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-FRANKLIN 0660</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi-S-E-ELDON</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi-S-E-ELDON</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred-</u>	b. (Middle) <u>MADISON</u>	c. (Last) <u>JOHNSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 5 1952</u>
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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>21 July 1886</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GEN-FARMING</u>	11. BIRTH PLACE (State or foreign country) <u>KANS / Great-Bend</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>JOHN-Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>MARY-Johnson STANGER</u>	14. NAME OF HUSBAND OR WIFE <u>GRACE-Johnson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes U-W-I</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GRACE-Johnson</u>	ADDRESS <u>ELDON-MO</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic valvular heart disease</u> 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 <u>NONE</u>	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from May 1, 1951, to JAN, 1952 that I last saw the deceased alive on JAN, 1952, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John E. Munnell, D.O.</u>	23b. ADDRESS <u>ELDON MO</u>	23c. DATE SIGNED <u>JAN 5 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>TORIAL</u>	24b. DATE <u>8 JAN 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dooley-</u>	24d. LOCATION (City, town, or county) (State) <u>MILLER-CO MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan 7, 1952</u>	REGISTRAR'S SIGNATURE <u>Alveretta Walt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walt</u>	ADDRESS <u>ELDON-MO</u>
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RECEIVED

JAN 16 1952

MILLER COUNTY HEALTH
DEPARTMENT

REGISTER

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 *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.