

FILED APR 28 1952

STANDARD CERTIFICATE OF DEATH

State File No. 12629 Registrar's No. 388

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

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>388</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>2 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		<u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>734 E. Madison Street</u>				d. STREET ADDRESS (If rural, give location) <u>222 Mt. Vernon Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>ELMER</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 17, 1952</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>19 May 1890</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u>		11. BIRTHPLACE (State or foreign country) <u>Minden, Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Chris Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Larson</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Johnson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW 1</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. W.E. Johnson, 222 Mt. Vernon, Springfield, Mo.</u>			
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) <u>Encephalomalacia</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> <u>10 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Chronic Prostatitis and Cystitis</u> CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>?</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>332X</u>			
22. I hereby certify that I attended the deceased from <u>July 1950</u> , to <u>April 17, 1952</u> , that I last saw the deceased alive on <u>April 12, 1952</u> , and that death occurred at <u>12:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert O. Ogels M.D.</u> (Degree or title)				23b. ADDRESS <u>Springfield, Mo</u>		23c. DATE SIGNED <u>Apr 21, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>22 Apr. 1952</u>		24c. NAME OF CEMETERY OR UREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>4-24-52</u>		REGISTRAR'S SIGNATURE <u>James H. Brown, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Fred C. Thine, Springfield, Missouri</u>			

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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 *Ralph A. Thier*

Signed.....
Student Embalmer

Licensed Embalmer No. 3681

P. O. Address. Springfield, Missouri.

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.