

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15754**BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **192**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE - (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write BURIAL and give township) Fulton		c. CITY (If outside corporate limits, write BURIAL and give township) Fulton	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway County Hosp		d. STREET ADDRESS (If rural, give location) 316 N. Ninth	

3. NAME OF DECEASED (Type or Print) a. (First) Clabe b. (Middle) A. c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) June 2, 1952
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec 6 - 1860	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 91 5 26
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10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Callaway Co. Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Cain Johnson	13b. MOTHER'S MAIDEN NAME Charity Patterson	14. NAME OF HUSBAND OR WIFE Susie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Isabelle O. Kemp	ADDRESS Mexico, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 76 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive arteriosclerotic CVA		yes
	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 4+2X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 19, 1949** to **2 June, 1952**, that I last saw the deceased alive on **1 June, 1952**, and that death occurred at **6:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE E. Chick (Degree or title)	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 3 June 52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE June 4-52	24c. NAME OF CEMETERY OR CREMATORY South Side Cem, Fulton, Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. June 2-1952	REGISTRAR'S SIGNATURE Martha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Eli Bell	ADDRESS Fulton Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0143
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2007 1 7 2008

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 Harry T. Bell

Licensed Embalmer No. 4867

P. O. Address _____

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.