

FILED MAY 29 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16993

State File No. _____
 Registrar's No. 97

| | | | | | |
|---|---|--|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 157 | | PRIMARY REG. DIST. NO. 3028 | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Carthage | | c. LENGTH OF STAY (In this place) 4 yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital | | | d. STREET ADDRESS (If rural, give location) 307 W. Fourth St. | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) CHARLES | | b. (Middle) | c. (Last) JOHNSON | 4. DATE OF DEATH (Month) (Day) (Year) May 16, 1952 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Sept 18, 1880 | 9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired quarryman | | 10b. KIND OF BUSINESS OR INDUSTRY quarries | 11. BIRTHPLACE (City and State or Foreign Country) Lawrence County, Mo | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Joe Brighton | | 13b. MOTHER'S MAIDEN NAME Cordelia Johnson | | 14. NAME OF HUSBAND OR WIFE Nora W. 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. 346-09-4539 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nora Johnson, 307 W. 4th, Carthage, 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. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Nephritis | | | | INTERVAL BETWEEN ONSET AND DEATH 1 yr + |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4-2-2-2 | | | | 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) | 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 July 19, 1951, to 5-16, 1952, that I last saw the deceased alive on 5-16, 1952 and that death occurred at 3:50 p.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) Russell Smith M.D. | | | 23b. ADDRESS Carthage Mo | | 23c. DATE SIGNED 5-18-52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE May 25, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Goss Cemetery | | 24d. LOCATION (City, town, or county) (State) Lawrence County, Mo. | |
| DATE REC'D BY LOCAL REG. 5-22-52 | REGISTRAR'S SIGNATURE L.B. Hunter 139 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo. | | |

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

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0493

RECEIVED 5-28-52

Jasper County Health Office

County File Number 52/5/402

Date Filed 5-28-52

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

Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address

Carthage, 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.