

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20121

State File No. \_\_\_\_\_

BIRTH NO. 35218 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 564

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) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>812 N. Franklin Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>INFANT</u>			b. (Middle) <u>Johnson</u>		
c. (Last) _____			6. 10 52		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <u>June 9, 1952</u>	9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Springfield Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Charles Thomas Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Jane Armstrong</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Betty Jane Johnson</u> ADDRESS <u>812 N. Franklin</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atalectasis</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature</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 _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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 June 9, 1952, to June 9, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lynn D. Brown M.D. 307 1/2 College</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>June 11, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u>	
		24d. LOCATION (City, town, or county) <u>Springfield</u>		(State) <u>Mo</u>	

DATE REC'D BY LOCAL REG. <u>6-13-52</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.V. Smith</u> ADDRESS <u>602 N. Jefferson</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED JUN 16 1952

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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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Not Embalmed*

..... Licensed Embalmer No. ....

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.