

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2029

FILED JUN 16 1952

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>133</u> | | PRIMARY REG. DIST. NO. <u>4205</u> | | Registrar's No. <u>166</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Harrison</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO Harrison</u> b. COUNTY <u>Harrison</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Selman City</u> | | c. LENGTH OF STAY (In this place) <u>15 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Selman City</u> | | 0410 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>FRANCIS GARRETT</u> | | b. (Middle) <u>JOHNSON</u> | | c. (Last) <u>JOHNSON</u> | |
| 4. DATE OF DEATH | | (Month) <u>6</u> | | (Day) <u>5</u> | | (Year) <u>1952</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Sept 12, 1855</u> | |
| 9. AGE (In years last birthday) <u>96</u> | | IF UNDER 1 YEAR Months <u>8</u> Days <u>13</u> | | IF UNDER 24 HRS. Hours <u></u> Mts. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ohio</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Wm A. Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Yates</u> | | 14. NAME OF HUSBAND OR WIFE <u>Marrick Anderson Johnson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary Bowen Selman City Mo</u> ADDRESS <u></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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis Chronic Met</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u></u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u></u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 yrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>592x</u> | | | | 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 <u>Nov 16, 1951</u> , to <u>June 3, 1952</u> , that I last saw the deceased alive on <u>June 3, 1952</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Gall Anderson Wood</u> (Degree or title) | | | | 23b. ADDRESS <u>202 Selman City Mo</u> | | 23c. DATE SIGNED <u>June 6, 1952</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>6-6-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>P.F. & A.M. Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Selman City Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>6/9/52</u> | | REGISTRAR'S SIGNATURE <u>Zola Burris</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>William Jensen</u> ADDRESS <u>Selman City Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

0410
1

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. _____

Student Signed *W. E. Williamson* _____
Student Embalmer

Licensed Embalmer No. 4883

P. O. Address Simons City

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.