

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24900

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 98

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> <u>0512</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 Christopher</u> | | d. STREET ADDRESS (If rural, give location) <u>310 Christopher</u> | |
| 3. NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Johnson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 13 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>Dec. 13 1867</u> |
| 9. AGE (In years last birthday) <u>84</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Transfer and Dray</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Freight</u> |
| 11. BIRTHPLACE (State or foreign country) <u>Decatur Co. Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>J.W. Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Britton</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Addie May Johnson.</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss. Icy Johnson.</u> ADDRESS <u>Warrensburg, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | |
| MEDICAL CERTIFICATION | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7/4</u> | |
| 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. | | | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>4222</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>May 18 1952</u> to <u>July 3 1952</u> , that I last saw the deceased alive on <u>July 3, 1952</u> , and that death occurred at <u>7:20 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Warrensburg, MO</u> | |
| 23c. DATE SIGNED <u>July 14 1952</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 15 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>July 14, 1952</u> | REGISTRAR'S SIGNATURE <u>Savannah Antelfield</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillipis</u> ADDRESS <u>Warrensburg Mo.</u> | |

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

RECEIVED
JUL 22 1952
JOHNSON COUNTY HEALTH DEPT

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 R. D. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.