

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34457**

FILED NOV 10 1952

BIRTH NO. **22501** REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **5245** Registrar's No. **72**

0210

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

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give town) Keytesville Twp		c. CITY (If outside corporate limits, write RURAL and give township) Keytesville Twp.	
c. LENGTH OF STAY (in this place) 5 1/2		d. STREET ADDRESS (If rural, give location) South of Marceline, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION North of Keytesville			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Negley	
c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) Nov 2, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 14, 1952
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR 0 Months 18 Days	IF UNDER 18 HRS. 18 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Marceline, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Francis Johnson	
13b. MOTHER'S MAIDEN NAME Lenora Negley		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mr. Francis Johnson		ADDRESS Keytesville, 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) SUFFOCATION 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. SECONDARY ANEMIA	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Keytesville Twp. Chariton Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 2 52 AM	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidental Suffocation	
22. I hereby certify that I attended the deceased from April 14, 1952 to MARCH 1952 that I last saw the deceased alive on MARCH, 1952 and that death occurred at 5:20 PM , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul T. Berry M.D.		23b. ADDRESS Marceline Mo.	
23c. DATE SIGNED 11-2-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/5/52	
24c. NAME OF CEMETERY OR CREMATORY Clearlake		24d. LOCATION (City, town, or county) (State) Near Clearlake Iowa	
DATE REC'D BY LOCAL REG. 11-7-52		REGISTRAR'S SIGNATURE 55-0	
25. FUNERAL DIRECTOR'S SIGNATURE James McLaughlin		ADDRESS Marceline Mo.	

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 _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed

George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marion, 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.