

FILED OCT 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35827**
Registrar's No. **28**

BIRTH NO. _____ REG. DIST. NO. **264** PRIMARY REG. DIST. NO. **4390**

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Ozark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gainesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gainesville, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Elias b. (Middle) Payton c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) 10 16 52					
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-8-1880	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 9	IF UNDER 12 HRS. Days 8	IF UNDER 1 HRS. Hours 0	IF UNDER 15 MIN. Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Stockman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pontiac, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME William Carol Johnson		13b. MOTHER'S MAIDEN NAME America Whitney		14. NAME OF HUSBAND OR WIFE Elizabeth 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. none		17. INFORMANT'S SIGNATURE OR NAME Carl Johnson		ADDRESS Gainesville	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) LYMPHOSARCOMA (of Cervical Lymph Nodes)		INTERVAL BETWEEN ONSET AND DEATH Several Mos.
	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 2001		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 **Sept. 15, 1952**, to **OCT. 14, 1952**, that I last saw the deceased alive on **OCT. 14, 1952**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geo. D. Hickey, D.O.		23b. ADDRESS Gainesville, Mo		23c. DATE SIGNED 10.16.52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 17		24c. NAME OF CEMETERY OR CREMATORY Gainesville Cemetery	
24d. LOCATION (City, town, or county) (State) Gainesville Mo		25. FUNERAL DIRECTOR'S SIGNATURE Clinkingbeard Funeral Home			
DATE REC'D BY LOCAL REG. Oct 25 1952		REGISTRAR'S SIGNATURE Thana Mahan		ADDRESS 461 -	

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

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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

John B. Carey

Licensed Embalmer No.

4885

P. O. Address

Sainsville, 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.