

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **515**
Registrar's No. **21**

FILED JAN 19 1953

BIRTH NO. **67200** REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5166**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp	
c. LENGTH OF STAY (in this place) 75 days		d. STREET ADDRESS (If rural, give location) RR 1 Bachelor	
d. FULL NAME OF HOSPITAL OR INSTITUTION RR 1 Bachelor			

3. NAME OF DECEASED (Type or Print) a. (First) Roy	b. (Middle) Lee	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) Jan 16 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Nov. 1, 1952	9. AGE (In years last birthday) 2 IF UNDER 1 YEAR: Months 15 Days 15 Hours Mins.
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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) Fulton Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George R. Johnson	13b. MOTHER'S MAIDEN NAME Edna M Meador	14. NAME OF HUSBAND OR WIFE —
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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. no	17. INFORMANT'S SIGNATURE OR NAME George R. Johnson ADDRESS Bachelor Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH Unknown 4 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus Influenza DUE TO (c) 480X		
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 checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **19**, to **19**, that I last saw the deceased alive on **19**, and that death occurred at **12 A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Charles S. Lawler, M.D.	23b. ADDRESS Callaway County Missouri	23c. DATE SIGNED 1-16-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 17/53	24c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery	24d. LOCATION (City, town, or county) (State) Auxvasse Missouri
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DATE REC'D BY LOCAL REG. Jan. 17-1953	REGISTRAR'S SIGNATURE Marilla Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE PA Aupin Funeral Home Auxvasse ADDRESS MO
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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 Harry H. Stewart

Licensed Embalmer No. 3772

P. O. Address Fulton 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.

27-1-1918