

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1213

State File No. ....

FILED JAN 26 1953

BIRTH NO. ....		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY COLE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLINTON		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY 0264		d. STREET ADDRESS (If rural, give location) 510 JACKSON ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 502 SOUTH 3RD ST							
3. NAME OF DECEASED (Type or Print) WALDO		a. (First) P		b. (Middle) JOHNSON		c. (Last)	
4. DATE OF DEATH JAN 20 1953		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPT 8 1887		9. AGE (in years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAWYER		11. BIRTHPLACE (State or foreign country) OSCEOLA MO	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME THOMAS M JOHNSON		13b. MOTHER'S MAIDEN NAME ALICE BARR		14. NAME OF HUSBAND OR WIFE KATHERINE L JOHNSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME KATHERINE L JOHNSON		ADDRESS CLINTON 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, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic growth DUE TO (c) from primary lesion of sigmoid  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 153X 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec 15, 1952 to Jan 19, 1953 that I last saw the deceased alive on Jan 19, 1953 and that death occurred at 6 A. M., from the causes and on the date stated above.							
23a. SIGNATURE [Signature]		(Degree or title) MD		23b. ADDRESS CLINTON MO		23c. DATE SIGNED Jan 24 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1/22/1953		24c. NAME OF CEMETERY OR CREMATORY Osceola Cemi		24d. LOCATION (City, town, or county) (State) Osceola MO	
DATE REC'D BY LOCAL REG. Jan-22-53		REGISTRAR'S SIGNATURE Florence [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J E Consalvo Clinton MO			

(Licensed Embalmer's Statement on Reverse Side)

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

1953 E F 1000

APR 17 1953

APR 15 1953

### 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

*J E Consalor*

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.