

FILED APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8847**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **399**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>	
c. LENGTH OF STAY (If in this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>2420 St. Joseph Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2420 St. Joseph Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b> b. (Middle) _____ c. (Last) <b>JOHNSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 28 1953</b>
---	--	--	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Dec. 24, 1871</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	--	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Motorman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>St. Railway Co.</b>	11. BIRTHPLACE (State or foreign country) <b>St. Joseph Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>
---	---	---	--

13a. FATHER'S NAME <b>William Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Sollars</b>	14. NAME OF HUSBAND OR WIFE <b>Della Johnson</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>unk.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Della Johnson</b>	ADDRESS <b>St. Joseph Mo.</b>
---	--	--	----------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the prostate</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sept 4, 53</b>
	ANTECEDENT CAUSES Morbidity 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.  <b>177X</b>		

19a. DATE OF OPERATION <b>1948</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of prostate 5 yrs.</b>	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 **9/4**, 19**52**, to **3/15**, 19**53**, that I last saw the deceased alive on **3/15**, 19**53**, and that death occurred at **1:20 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Stanley W. Nardigan MD</b>	(Degree or title)	23b. ADDRESS <b>670 Francis St</b>	23c. DATE SIGNED <b>3/20/53</b>
---	-------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3-31-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
--	-----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>April 3, 1953</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	485	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanley Funeral Home</b>	ADDRESS <b>St. Joseph Mo.</b>
--	---	-----	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0117

0117

0

U

177X

EXPIRES  
OCT 7 1957

DEC 28 1956

OCT 1 1954

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 Charles E. Bennett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.