

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9024

State File No.

LED APR 6 1953

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 134

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1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hulton</u>		c. LENGTH OF STAY (In this place) <u>25d</u>	c. CITY OR TOWN <u>Salisbury</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hos #1</u>		• STREET ADDRESS (If rural, give location) <u>North Gallop 1210</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>Y</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Dec 29 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR: Months <u>3</u> Days <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo Chariton Co</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>					

13a. FATHER'S NAME <u>Wm P Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Maud Blake</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>dK</u>		16. SOCIAL SECURITY NO. <u>dK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leona Johnson</u> ADDRESS <u>Salisbury</u>	

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) <u>chr myocarditis</u> 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. <u>Senile psychic simple type</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. ALLOPSY? 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) (Min)		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 4-9, 1953, to 4-3, 1953, that I last saw the deceased alive on 4-2, 1953 and that death occurred at 7:10 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>JC Caldwell MD</u>		23b. ADDRESS <u>State Hos Hulton Mo</u>		23c. DATE SIGNED <u>4-3-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-6-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>So East of Salisbury Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 3-1953</u>		REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C B Winkebuysen</u>		ADDRESS <u>Salisbury Mo</u>	

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

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.....
Signature of Student Embalmer

Signed..... *C. B. Wilhelm*

Licensed Embalmer No. 389

P. O. Address *Salisbury*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.