

FILED APR 9 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11003**

BIRTH NO. _____		REG. DIST. NO. <b>292</b>		PRIMARY REG. DIST. NO. <b>6000</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Ralls</b> <b>0870</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>Ralls</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Madisonville</b>		c. LENGTH OF STAY (in this place) <b>1</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Madisonville</b>		d. STREET ADDRESS (If rural, give location) <b>JASPER-TOWNSHIP</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JASPER-TOWNSHIP</b>				d. STREET ADDRESS (If rural, give location) <b>JASPER-TOWNSHIP</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Joseph</b>		b. (Middle) <b>Kelly</b>		c. (Last) <b>Johnson</b>	
4. DATE OF DEATH		(Month) <b>Mar</b>		(Day) <b>28</b>		(Year) <b>1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>Nov 13, 1863</b>		9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months <b>4</b> Days <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stock &amp; Grain</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pike County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>William Buster Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Cordelia Josephine Sutton</b>		14. NAME OF HUSBAND OR WIFE <b>Flora A. Moore</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. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Flora May Johnson, Center, Missouri</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>18 days</b>	
*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) <b>Myocarditis Acute</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile Arteriosclerosis</b>					
		DUE TO (c) <b>Unknown</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None known</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>H500</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) (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 <b>March 13, 1953</b> to <b>March 28, 1953</b> , that I last saw the deceased alive on <b>March 26, 1953</b> , and that death occurred at <b>3:40 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>C. H. Brooks Jr. MD</b>				23b. ADDRESS <b>Center, Mo</b>		23c. DATE SIGNED <b>3-29-53</b>	
24a. BURIAL, CREMATION, REINTERMENT (Specify)		24b. DATE <b>Mar 30, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Vandalia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Vandalia, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3/30/53</b>		REGISTRAR'S SIGNATURE <b>Clyde Wiley</b>		FUNERAL DIRECTOR'S SIGNATURE <b>William D. Water</b>		ADDRESS <b>Vandalia, Mo.</b>	

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 .....  
Student Embalmer

Signed William B. Hatus

Licensed Embalmer No. 4169

P. O. Address Kandala 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.