

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY OR TOWN <b>Carrollton</b>	c. LENGTH OF STAY (in this place) <b>3yrs.</b>	c. CITY OR TOWN <b>Chillicothe</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>303 West Benton</b>		e. STREET ADDRESS (If rural, give location) <b>0992</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Paul</b>	b. (Middle) <b>J.</b>	c. (Last) <b>Johnson</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>8-22-53</b>
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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>Jan. 5 1912</b>	9. AGE (In years last birthday) <b>41</b>	IF UNDER 1 YEAR: Months <b>7</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Fruit Salesman</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chillicothe Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Gillis Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Mamie Linville</b>	14. NAME OF HUSBAND OR WIFE <b>Ina M. Johnson.</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>511-05-4687</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ina M. Johnson (Carrollton Mo.)</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Leukemia Acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>2041</b>	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) m.	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 May 1, 1957, to 8-22, 1953, that I last saw the deceased alive on 8-20, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Cyril Ballard</b>	23b. ADDRESS <b>Carrollton Mo</b>	23c. DATE SIGNED <b>8/23/53</b>
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24a. BURIAL / CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-25-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forrest Park</b>	24d. LOCATION (City, town, or county) (State) <b>Chillicothe Mo.</b>
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DATE REC'D BY LOCAL REG. <b>8/25/53</b>	REGISTRAR'S SIGNATURE <b>Tom Newbergh</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Marshall F. Home (Carrollton Mo.)</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0171

SEP 23 1958

MAY 8 1958

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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.....  
Signature of Student Embalmer

Signed.....  
*R.M. Marshall*

Licensed Embalmer No. *252*

P. O. Address *Carrollton 7*

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.