

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 5 1953

BIRTH NO.		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>47</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		c. LENGTH OF STAY (In this place) <u>8 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>				0681 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sylvanis</u> b. (Middle) <u>Johnson</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr 5 1878</u>	
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>21</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Barber</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Work as Barber</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau Co</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jessie Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Artie Mish Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Medrat Combs California Mo</u> ADDRESS <u></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, ashenic, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> <u>Chronic Hepatitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Fracture Left Wip.</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592XF</u>				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 <u>9/18</u> , 19 <u>53</u> , to <u>9/26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9/26</u> , 19 <u>53</u> , and that death occurred at <u>10 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>A.M. Gallahan M.D.</u> (Degree or title)				23b. ADDRESS <u>California Mo</u>		23c. DATE SIGNED <u>9/28/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/27/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hickam Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lupus. Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/28/53</u>		REGISTRAR'S SIGNATURE <u>N.L. Popejoy A.R.P.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earl Doudin</u> ADDRESS <u>California</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 Jack A. Bowlin

Licensed Embalmer No. 4953

P. O. Address California, 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.