

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32679

State File No.

FILED OCT 7 - 1953
BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE Missouri. b. COUNTY Pulaski	
b. CITY OR TOWN Richland, Mo		c. CITY OR TOWN Richland, Mo	
c. LENGTH OF STAY (in this place) 8 mos		d. STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Wesley c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 12, 1867
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	11. BIRTHPLACE (State or foreign country) Crocker, Mo Rural
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Marion Jasper Johnson		13b. MOTHER'S MAIDEN NAME Sarah Ann Hill	14. NAME OF HUSBAND OR WIFE Mary Elizabeth Brickey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Hancock Richland, Mo
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 3 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		Hypostatic Pneumonia Red-foot Caisinoma of Stomach & metastasis	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2 weeks 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151 X	
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) (Minute)		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 July 1953, to Sept 20, 1953, that I last saw the deceased alive on Sept 10, 1953, and that death occurred at 2:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Design or title) L. H. Myers D.O.		23b. ADDRESS Richland, Missouri	
23c. DATE SIGNED 10-2-53			
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 2, 1953	
24c. NAME OF CEMETERY OR CREMATORY Johnson Cemetery		24d. LOCATION (City, town, or county) (State) Crocker, Missouri Rural	
DATE REC'D BY LOCAL REG. 10-2-53		REGISTRAR'S SIGNATURE 458 Walter H. Hedges	
25. FUNERAL DIRECTOR'S SIGNATURE Walter H. Hedges		ADDRESS Hedges Funeral Home Crocker, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-2-53
Pulaski County Health Officer
File Number
Date Filed 11-3-53

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

Clarence E. Moore

Signed.....
Student Embalmer

Licensed Embalmer No. *4896*

P. O. Address *Waymire, 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.