

STANDARD CERTIFICATE OF DEATH

36448

State File No.

FILED OCT 27 1953 BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Livingston		
b. CITY (If outside corporate limits, write RURAL and give township) Chillicothe		c. LENGTH OF STAY (in this place) 7.0 yr	c. CITY (If outside corporate limits, write RURAL and give township) Chillicothe		MO
d. FULL NAME OF HOSPITAL OR INSTITUTION 607 Curtis			d. STREET ADDRESS (If rural, give location) 607 Curtis		
3. NAME OF DECEASED (Type or Print) Charles Harrison Johnson		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Oct - 15 - 53
5. SEX M	6. COLOR OR RACE C	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH 4-9-1857	9. AGE (In years last birthday) Months Days 96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (State or foreign country) Lexington MO. 0	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Harrison Johnson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE	
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. Marguerite Carter		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 7 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) 4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 6:00, 1953, to 1:30, 1953, that I last saw the deceased alive on 14 Oct, 1953, and that death occurred at 6 P.M., from the causes and on the date stated above.					
23a. SIGNATURE J. D. Nardine			23b. ADDRESS Chillicothe, MO		23c. DATE SIGNED 19 Oct 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-18-53	24c. NAME OF CEMETERY OR CREMATORY North Cem		24d. LOCATION (City, town, or county) (State) Chillicothe MO
DATE REC'D BY LOCAL REG. 10-19-53		REGISTRAR'S SIGNATURE Francis B. Neill		25. FUNERAL DIRECTOR'S SIGNATURE Chubbett Chillicothe MO	

(Licensed Embalmer's Statement on Reverse Side)

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

1920

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 *E. C. Kett*.....

Licensed Embalmer No. 3227.....

P. O. Address Chillicothe.....

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.