

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39731

State File No.

FILED NOV 19 1953

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>5761</u>		Registrar's No. <u>51</u>			
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Palmyra</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Philadelphia 0640</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Drake Rest Home</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Scott</u> c. (Last) <u>Johnson</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>11 5 1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>			
8. DATE OF BIRTH <u>May 4, 1970</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Days <u>6</u> Hours <u>1</u>		IF UNDER 1 YEAR Hours <u>1</u> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Marion Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>William P. Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Jane Tolle</u>		14. NAME OF HUSBAND OR WIFE <u>Lestie Hobbs Johnson</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>Perry S. Johnson</u> ADDRESS <u>Philadelphia, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Dementia</u> 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.				INTERVAL BETWEEN ONSET AND DEATH _____	
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) <u>304X</u>					
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. M. Luke</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>910 Broadway</u>		23c. DATE SIGNED <u>11-7-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 6, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Coleman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Philadelphia, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>11-12-53</u>		REGISTRAR'S SIGNATURE <u>E. M. Luke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond S. Feaster</u> ADDRESS <u>Philadelphia, Mo.</u>					

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

0640

RECEIVED NOV 16 1968
MADISON CO. HEALTH DEPT.
DATE FILED NOV 16 1968

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 Harold V. Garner

Signed.....
Student Embalmer

Licensed Embalmer No. 3770

P. O. Address Monroe La.

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.