

# STANDARD CERTIFICATE OF DEATH

FILED JAN 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **15** PRIMARY REG. DIST. NO. **3004**

0061

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

1. PLACE OF DEATH a. COUNTY <b>Barton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Lamar</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lamar</b>	
c. LENGTH OF STAY (in this place) <b>1 hour</b>		d. STREET ADDRESS (If rural, give location) <b>1805 Jackson</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barton County Memorial Hosp.</b>			

3. NAME OF DECEASED (Type or Print) <b>HORT</b>	a. (First)	b. (Middle) <b>S.</b>	c. (Last) <b>JOHNSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 15, 1954</b>
---	------------	--------------------------	-----------------------------	--

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>March 31, 1886</b>	9. AGE (In years last birthday) Months Days <b>67</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man, Ret. State Highway Dept.</b>	11. BIRTHPLACE (State or foreign country) <b>Beloit, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
-----------------------	----------------------------------	--	---	--	--	--	---

13a. FATHER'S NAME <b>John Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Don't know</b>	14. NAME OF HUSBAND OR WIFE <b>Mollie Johnson</b>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>403-16-5263</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. H. S. Johnson, Lamar, Mo.</b>	ADDRESS
---	---	--	---------

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		INTERVAL BETWEEN ONSET AND DEATH  <b>8h.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain hemorrhage</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>331X</b>	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) <b>Lamar Barton Mo</b>
--	--	---

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 **1.16**, 19**54** to **1.15**, 19**54** that I last saw the deceased alive on **1.15**, 19**54**, and that death occurred at **12** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. K. Guldner</b>	(Degree or title)	23b. ADDRESS <b>Lamar Barton Mo</b>	23c. DATE SIGNED <b>1.16.54</b>
--	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 19, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lamar Mo.</b>
--	-----------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>JAN 19 1954</b>	REGISTRAR'S SIGNATURE <b>Marie Korantz</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chiles Funeral Home,</b>	ADDRESS <b>Lamar, Mo.</b>
--	---	---	------------------------------

**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 Clarence W. Childs

Licensed Embalmer No. 3472

P. O. Address Lama, Md

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.