

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **4636**

BIRTH NO. **FILLED MAR 11 1954** REG. DIST. NO. **136** PRIMARY REG. DIST. NO. **4211** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eagleville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eagleville	
c. LENGTH OF STAY (In this place) 5 mths		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Eagleville			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) William c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) JAN 21, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH Aug 6, 1877		
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (State or foreign country) Ringco, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Moses Johnson		13b. MOTHER'S MAIDEN NAME Rosetta Small		14. NAME OF HUSBAND OR WIFE Maud Koger	
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. No		17. INFORMANT'S SIGNATURE OR NAME Mrs Floyd Hon Eagleville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infiltrating carcinoma of stomach ANTECEDENT CAUSES Morbidity 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		20. AUTOPSY? YES ☐ NO ☒	
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) 151 X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov 4**, 1953, to **Jan 20**, 1954, that I last saw the deceased alive on **Jan 20**, 1954, and that death occurred at **7 P.** m., from the causes and on the date stated above.

23a. SIGNATURE Francis S. Kow	23b. ADDRESS Eagleville, Mo.	23c. DATE SIGNED 1/23/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 25, 54	24c. NAME OF CEMETERY OR CREMATORY Lane Rock Cemetery	24d. LOCATION (City, town, or county) (State) Harrison Co., Mo.
DATE REC'D BY LOCAL REG. March 9-1954		REGISTRAR'S SIGNATURE Florence C. Powell	25. FUNERAL DIRECTOR'S SIGNATURE Gerald W. Bongas
		ADDRESS Eagleville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

2410
1

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

Gerald W. Boggs

Licensed Embalmer No.

4762

P. O. Address

Cogleville, 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.