

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

State File No. **7994**

BIRTH NO. **FILED APR 8 1954** REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **5298** Registrar's No. **162**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY OR TOWN Carrollton.	c. LENGTH OF STAY (in this place) 50 years	c. CITY OR TOWN Carrollton.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm.		e. STREET ADDRESS (If rural, give location) Rural - Trotter township 0170	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) LEVI c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) April 2-1954		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH Feb-23-1900		9. AGE (In years last birthday) 54 If UNDER 1 YEAR: Months 1 Days 19 If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.		10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (City and State or Foreign Country) Augusta, Kansas.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Albert Johnson	13b. MOTHER'S MAIDEN NAME Neil Burton	14. NAME OF HUSBAND OR WIFE Alma Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. no.	17. INFORMANT'S SIGNATURE OR NAME Alma Johnson ADDRESS Carrollton 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bullet from 22 rifle.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Center of forehead between the eyes DUE TO (c) (fell on rifle.)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9191 43	

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) Accident.	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Carrollton. Carroll 0170 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 2-1954 6 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Walking on shoulder of Gravel Road.

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 **4 P.M., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) Ray Dickinson, Coroner		23b. ADDRESS Boyard Mo.	23c. DATE SIGNED 4/3/54
24a. BURIAL - CREMATION - REMOVAL (Specify) Burial	24b. DATE April 4-54	24c. NAME OF CEMETERY OR CREMATORY Int. Union	24d. LOCATION (City, town, or county) (State) Boyard Mo.
DATE REC'D BY LOCAL REG. 4/4/54	REGISTRAR'S SIGNATURE Mr. Herbert Calvert	25. FUNERAL DIRECTOR'S SIGNATURE Dickinson Funeral Home ADDRESS Boyard Mo.	

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

0.300
0.48

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.....
Signature of Student Embalmer

Signed *P. M. Marshall*

Licensed Embalmer No. *25*

P. O. Address *Carroll*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.