

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8031

State File No. _____

No. 300

10-48

BIRTH DATE FILED APR 12 1954 REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salisbury</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Salisbury</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>On Hiway #5, 1/4 Mi. No. of Oil City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/4 Mile No. of Oil City on Hiway 5</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sam</u> b. (Middle) <u>Fielding</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Dec 10 1891</u>		9. AGE (In years last birthday) <u>62</u>		10. F UNDER 1 YEAR Months Days	
11. F UNDER 24 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Salisbury Twnshp. Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		

13a. FATHER'S NAME <u>George Thomas Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Lamb</u>		14. NAME OF HUSBAND OR WIFE <u>Zettye Parks Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs S. F. Johnson Salisbury 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of hip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
ANECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>osteos 150 yk. hyp.</u>			
		DUE TO (c) <u>hip aug. later at hip 2 yr</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Metastatic 196x</u>		<u>6 mos</u>	

19a. DATE OF OPERATION <u>Feb 83</u>		19b. MAJOR FINDINGS OF OPERATION <u>cell. kinds of malignant cells. P. P. Thompson MD</u>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 3/5/54 1954 to 4/5/54 1954, that I last saw the deceased alive on 4-4 1954 and that death occurred at home, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Salisbury Mo</u>		23c. DATE SIGNED <u>4/6/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-7-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Asbury Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Keytesville Township Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. B. Winkelmeyer</u>		ADDRESS <u>Salisbury Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-7-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		55-0	

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

0210

APR 19 1954

MAY 11 1955

APR 19 1954

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.