

FILED APR 20 1954

## STANDARD CERTIFICATE OF DEATH

State File No. 11102

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Mexico		c. LENGTH OF STAY (in this place) 30 min.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Wellsville		d. STREET ADDRESS (If rural, give location) 419 South 3rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital				d. STREET ADDRESS (If rural, give location) 419 South 3rd.			
3. NAME OF DECEASED (Type or Print) a. (First) BARTLEY		b. (Middle) SMITH		c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) Apr. 13 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 27 1880	
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR 4 Months		IF UNDER 24 HRS. 17 Hours		IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) Retired Barrel Factory				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Montgomery County Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.							
13a. FATHER'S NAME William Johnson		13b. MOTHER'S MAIDEN NAME Elizabeth Bentley		14. NAME OF HUSBAND OR WIFE Deceased			
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. 489-20-0450		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Charles Holcomb 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>aplastic anemia</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.  2924				INTERVAL BETWEEN ONSET AND DEATH 2 years	
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)			
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 5/4, 1953, to 4-13, 1954, that I last saw the deceased alive on 4-13, 1954, and that death occurred at 3:42 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Charles L. Sarsia				23b. ADDRESS Mexico MO		23c. DATE SIGNED 4-13-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/15/54		24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cem.		24d. LOCATION (City, town, or county) (State) Wellsville, Missouri	
DATE REC'D BY LOCAL REG. April 13 1954		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS B B Kells Wellsville MO			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 W B Skelton

Licensed Embalmer No. 1588

P. O. Address Wetterville

**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.