

23335

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 2 1954

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>356</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>31 Years</u>		c. CITY OR TOWN <u>Joplin</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Joplin General Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>635 Moffet Ave.,</u> 04950					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Henry</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1954</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct 3, 1874</u>			
9. AGE (In years last birthday) <u>79</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Chiropractor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Darlington, Wis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chiropractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chiropractor</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Darlington, Wis</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Henry Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Metsy Dalby</u>			14. NAME OF HUSBAND OR WIFE			
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>Dr. R. W. Davis 635 Moffet Joplin, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Medullary Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Heat Stroke</u> DUE TO (c) <u>Heat Stroke</u> II. OTHER SIGNIFICANT CONDITIONS <u>Diabetes, Pericarditis, Arteriosclerosis</u> E9319 46				INTERVAL BETWEEN ONSET AND DEATH <u>1 da</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>122</u>					
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 <u>7/17/54</u> , 19 <u>54</u> , to <u>7/18/54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/18/54</u> , 19 <u>54</u> , and that death occurred at <u>9:45P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. J. Kilbourn M.D.</u>				23b. ADDRESS <u>521 W. 5th Joplin, Mo</u>		23c. DATE SIGNED <u>7/19/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-20-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Joplin, Mo</u>			
DATE REC'D BY LOCAL REG. <u>7-26-54</u>		EMBALMER'S SIGNATURE <u>Ed S. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mortuary</u>		ADDRESS <u>Joplin, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG

RECEIVED JUL 31 1954
Jasper County Health Office
County File Number 54-7-62
Date Filed JUL 31 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
Signature of Student Embalmer

Signed Levin A. Thompson

Licensed Embalmer No. 359

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