FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39801

State File No.

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 192

1. PLACE OF DEATH
a. COUNTY Saline
b. CITY OR TOWN Marshall Mo (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fitz Gibbon Hospital
e. STREET ADDRESS (If rural, give location) 119 Clyde Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Saline
c. CITY OR TOWN Slater
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

3. NAME OF DECEASED (Type or Print)
a. (First) RICHARD
b. (Middle) HENRY
c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) Nov-7-1954

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) married
8. DATE OF BIRTH Nov-24-1898
9. AGE (In years last birthday) 55-11-13
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician
10b. KIND OF BUSINESS OR INDUSTRY Assistant
11. BIRTHPLACE (City and State or Foreign Country) Near Fish Creek Md
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Joseph Johnson
13b. MOTHER'S MAIDEN NAME Elizabeth Clouden
14. NAME OF HUSBAND OR WIFE Nellie L 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. 493-26-1996
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Nellie Johnson 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mediastinal and liver

DUE TO (c) metastasis

INTERVAL BETWEEN ONSET AND DEATH

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
163X
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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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 10-26, 1954 to 11-7, 1954, that I last saw the deceased alive on 11-7, 1954, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. C. McBurney (Degree or title) M.D.
23b. ADDRESS Slater, Mo.
23c. DATE SIGNED 11-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 11-9-54
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Marshall Mo

DATE REC'D BY LOCAL REG. 11-9-54
REGISTRAR'S SIGNATURE Sidney T. Gray
25. FUNERAL DIRECTOR'S SIGNATURE Joe Jones ADDRESS Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 16

JUN 17 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James E Jo

Licensed Embalmer No. 71

P. O. Address Slate

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.