

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4884

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>002</u>		Registrar's No. <u>612</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>11 YRS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1309 EAST 32ND TERRACE, 522</u>				STREET ADDRESS (If rural, give location) <u>1309 EAST 32ND TERRACE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>		b. (Middle) <u>M.</u>		c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 8, 1955</u>	
5. SEX <u>D</u> <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>MAR. 22, 1868</u>		9. AGE (in years last birthday) <u>86</u> 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) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>APANOOSE COUNTY, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN JOHNSON</u>			13b. MOTHER'S MAIDEN NAME <u>—</u>		14. NAME OF HUSBAND OR WIFE <u>STARK Minnie L. Johnson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS ALVA Limbaugh EAST 32ND TERRACE</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of Prostate</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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>17th</u>	
19a. DATE OF OPERATION <u>2 Jan 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ca of Prostate</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)		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>Dec 30, 1953</u> , to <u>8 Feb</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8 Feb, 1955</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hjalmar E. Carlson M.D.</u>				23b. ADDRESS <u>1316 P.W. Bldg</u>		23c. DATE SIGNED <u>9 Feb 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB-11-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEWTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NEVADA, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>2-10-55</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMERS SONS R.C. Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Hjalmar E. Carlson

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 *Richard L. Logan*

Licensed Embalmer No. *4952*

P. O. Address *H. C. M.*

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.