

FILED MAR 22 1955

STANDARD CERTIFICATE OF DEATH

State File No. 8550

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JOPLIN</b> 0495	
c. LENGTH OF STAY (In this place) <b>5 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>2130 PICHER AVE.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2130 PICHER AVE.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>MICHAEL</b> c. (Last) <b>JOHNSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 10, 1955</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>OCT. 3, 1868</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RESTORED-DRILLER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WELL DRILLER</b>		11. BIRTHPLACE (State or foreign country) <b>MCCOUPIN COUNTY, ILL.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>ANDREW JACKSON JOHNSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY GRAY</b>		14. NAME OF HUSBAND OR WIFE <b>MINNIE FLORENCE JOHNSON,</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>MRS ARNOLD BRYANT, 224 ST. LOUIS AVE.</b>	

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			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Medullary Failure</b>			DUPLICATE OF (a) <b>Acute Medullary Failure</b>			<b>6 hr.</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <b>MALNUTRITION</b>			<b>6 months</b>		
			DUE TO (c) <b>CARCINOMA OF LIPS</b>			<b>2 yrs.</b>		
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 <b>140X</b>				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 **MAR 8**, 1955, to **MAR 10**, 1955, that I last saw the deceased alive on **MAR 10**, 1955, and that death occurred at **11:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J E Kelbone J D.O.</b>		23b. ADDRESS <b>Joplin General Hosp</b>		23c. DATE SIGNED <b>3/12/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-14-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GRANBY CEMETERY</b>		24d. LOCATION (City, town, county) (State) <b>GRANBY, MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>3-15-55</b>		REGISTRAR'S SIGNATURE <b>Edw. J. James</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO</b>	
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(Licensee Embalmer's Statement on Reverse Side)

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

County File Number 55-3-196  
Date Filed MAR 21 1955

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

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 this body is not embalmed, fact should be so stated above.