

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16103

State File No. _____

FILED MAY 17 1955

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>NEOSHO RURAL</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 WHEELER ST</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>AUGUST</u>	b. (Middle) <u>A.</u>	c. (Last) <u>JOHNSON</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH: <u>MAY 15, 1889</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILLER</u>		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILLER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>GARDNER ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HANS JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>NICKOLENA ANDERSON</u>	
13c. NAME OF HUSBAND OR WIFE <u>EDITH JOHNSON</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR #1</u>		16. SOCIAL SECURITY NO. <u>495-01-4614A</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edith Johnson</u>		ADDRESS <u>NEOSHO MO. RFD #2</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the paranasal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
ANTECEDENT CAUSES <u>with metastatic lesions over body -</u>			
DUE TO (b) <u>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
DUE TO (c) <u>Uremia</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary and uterine hemorrhage</u>		3 weeks	
Conditions contributing to the death but not related to the disease or condition causing death.		157 X	
19a. DATE OF OPERATION <u>Dec-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma with metastatic lesions over body</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>July</u> , 19 <u>54</u> , to <u>April 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>April 27</u> , 19 <u>55</u> , and that death occurred at <u>1:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Melvin C. Bournan</u>		23b. ADDRESS <u>Neosho Mo</u>	
(Degree or title) <u>M.D.</u>		23c. DATE SIGNED <u>April 28-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4-29-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL</u>		24d. LOCATION (City, town, or county) (State) <u>FAYETTEVILLE ARKANSAS</u>	
DATE REC'D BY LOCAL REG. <u>4-28-55</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bournan</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson</u>		ADDRESS <u>Neosho Mo</u>	

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____
District Health Officer Name 535-80
Date Filed 5-16-55

NEOSHO, MISSOURI

MAY 19 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 _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Ray P Adams
Licensed Embalmer No. 492
P. O. Address Neosho, 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.