

FILED NOV 8 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

3293 State File No. 32599

BIRTH NO.		REG. DIST. NO. 734		PRIMARY REG. DIST. NO. 5294		Registrar's No.			
1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) Rural <u>Atchison</u>		c. LENGTH OF STAY (in this place) 4 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Gower, Rural <u>Atchison Twp</u>		d. STREET ADDRESS (If rural, give location) R. F. D. #1		02-59-0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				3. NAME OF DECEASED : (Type or Print)		4. DATE OF DEATH		5. SEX	
a. (First) Clarence		b. (Middle) C.		c. (Last) Johnson		Date Oct. 29 1955		male	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH March 12-1894		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Ava Mo.		12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME Abraham Johnson			13b. MOTHER'S MAIDEN NAME Sarah Brasfield			14. NAME OF HUSBAND OR WIFE Mary Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-40-7742		17. INFORMANT'S SIGNATURE OR NAME Mary Johnson		ADDRESS Gower, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Prostate Gland</u> *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 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. 177X				MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs			
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>June 16, 1955</u> , to <u>October 29, 1955</u> , that I last saw the deceased alive on <u>October 29, 1955</u> , and that death occurred at <u>10:45 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James E. Cullin, D.O.</u>				23b. ADDRESS Gower, Missouri				23c. DATE SIGNED 10/31/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov. 1-1955		24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery		24d. LOCATION (City, town, or county) (State) Gower, Mo.			
DATE REC'D BY LOCAL REG. Nov. 2, 1955		REGISTRAR'S SIGNATURE <u>Elizabeth Scoville</u>		U. S. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Murray</u>		ADDRESS Gower, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 M

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John H. Murray

Licensed Embalmer No.

P. O. Address

2893
Gower, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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