

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36153

State File No. ....

BIRTH NO. 74564-55 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 304

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (In this place) <u>1 1/2 Days</u>	c. CITY OR TOWN <u>Fulton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 305 S.W.8th St</u>		e. STREET ADDRESS (If rural, give location) <u>305 S.W.8th St</u> <span style="float: right;">01420</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Otho</u> b. (Middle) <u>Lee</u> c. (Last) <u>Johnson Jr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 26 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Nov 24 1955</u>		9. AGE (In years last birthday) <u>1 1/2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Otho Lee Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Sheets</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Johnson</u>	ADDRESS <u>Fulton. Mo</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</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) <u>776X</u>		
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	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)	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 Nov 24, 1955, to Nov 26, 1955, that I last saw the deceased alive on Nov 24, 1955, and that death occurred at 7:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. D. Owen M.D.</u>	23b. ADDRESS <u>Fulton Mo</u>	23c. DATE SIGNED <u>Nov. 26, 1955</u>
--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-26-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Richland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Callaway Co. Mo</u>
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Nov. 26-1955</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <span style="float: right;">426</span>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry T. Bell</u>	ADDRESS <u>Fulton, Mo.</u>
---	---	--	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*Not Embalmed.*  
*J. Henry T. Bell*

Licensed Embalmer No. *48*

P. O. Address *Fulton*

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.