

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **37790**

FILED NOV 30 1955

BIRTH NO. _____ REG. DIST. NO. **282** PRIMARY REG. DIST. NO. **5978** Registrar's No. **129**

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Johnson Twp.		c. CITY OR TOWN Humansville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 32 yrs		e. STREET ADDRESS (If rural, give location) R # 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 mile north of town			

3. NAME OF DECEASED (Type or Print)	a. (First) Earnest	b. (Middle) Elwood	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) 11-16-55
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-29-72	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationery Engineer	10b. KIND OF BUSINESS OR INDUSTRY Theatre	11. BIRTHPLACE (City and State or Foreign Country) Wakeville, New Hampshire	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas H. Johnson	13b. MOTHER'S MAIDEN NAME Mary Webster	14. NAME OF HUSBAND OR WIFE May Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mrs May Johnson	ADDRESS Humansville, Mo.
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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, ashenia, 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) Infection + Sepsis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinomatosis DUE TO (c) Primary Carcinoma of the Bladder		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sensitivity 181X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Sept 4, 1953, to Nov. 16, 1955, that I last saw the deceased alive on Nov. 16, 1955, and that death occurred at 4:35P m., from the causes and on the date stated above.

23a. SIGNATURE <i>R. L. ...</i>	(Degree or title)	23b. ADDRESS Humansville, Mo.	23c. DATE SIGNED 11-17-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-19-55	24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery	24d. LOCATION (City, town, or county) (State) Humansville, Mo.
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DATE REC'D BY LOCAL REG. Nov. 24, 1955	REGISTRAR'S SIGNATURE <i>Ralph ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Beckwith</i>	ADDRESS Funeral Home Humansville
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(Licensed Embalmer's Statement on Reverse Side)

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

40

300
48

REC 19 958

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..... *O. H. Beckwith*

Licensed Embalmer No. *393*

P. O. Address *Hennepin*

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.