S. No. 300
v. 10.48

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4093

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Keytesville
c. LENGTH OF STAY (In this place) 48-Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Part of Keytesville

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Keytesville, Mo. 0210
d. STREET ADDRESS (If rural, give location) South Part of Keytesville

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) F. c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) Feb. 28th, 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 24th, 1874
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY Postal Service
11. BIRTHPLACE (State or foreign country) Triplett, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Benjiman F. Johnson
13b. MOTHER'S MAIDEN NAME Narcessia Banning
14. NAME OF HUSBAND OR WIFE Minnie O. Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie O. Johnson Keytesville

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal — INTERVAL BETWEEN ONSET AND DEATH Dark known

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Not at all *19___, to _____, 19___, that I last saw the deceased alive on* Feb 12 *, 19*56*, and that death occurred at* 6:15 A.m. *, from the causes and on the date stated above.*

23a. SIGNATURE Carl C. Heger (Degree or title) M.D.
23b. ADDRESS Keytesville Mo.
23c. DATE SIGNED 3/2/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 1st, 1956
24c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery
24d. LOCATION (City, town, or county) (State) Chariton County, Mo.

DATE REC'D BY LOCAL REG. 3-3-56
REGISTRAR'S SIGNATURE [signature] 55-0
25. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS Keytesville, Mo.

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

APR 17 1956

APR 4 1956

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 .....
Student Embalmer

Signed W. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.