

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9603**

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 2033		Registrar's No. 26		
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lebanon)		c. LENGTH OF STAY (in this place) 18 mo.		c. CITY OR TOWN Lebanon		d. Is Residence within limits of a city of incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Knox Rest Home				e. STREET ADDRESS (If rural, give location) 312 Lincoln				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Madison c. (Last) Johnson			4. DATE OF DEATH March 8, 1956 (Month) (Day) (Year)					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 17, 1863		
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months 3 Days 21		IF UNDER 24 Hrs. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) Laclede Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Wm. Carol Johnson			13b. MOTHER'S MAIDEN NAME Elizabeth Robinson		14. NAME OF HUSBAND OR WIFE Martha 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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bess Appling ADDRESS Lebanon Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Bronchial ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					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) 491X				
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 2-26 , 19 56 , to 3-7 , 19 56 , that I last saw the deceased alive on 3-7 , 19 56 , and that death occurred at 2:45 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE D. Summers (Degree or title) _____				23b. ADDRESS Lebanon Mo		23c. DATE SIGNED 3-8-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/10/56		24c. NAME OF CEMETERY OR CREMATORY Whitson Cemetery near Oakland, Mo.		24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. 3-10-1956		REGISTRAR'S SIGNATURE Hella L. Hays		25. FUNERAL DIRECTOR'S SIGNATURE Halman Funeral Home ADDRESS Lebanon, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

424
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Received 3-19-56

Laclede County Health Unit

File No. 36

Date Filed 3-19-56

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 Lancey M. Howe

Licensed Embalmer No. 422

P. O. Address Lebanon

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.