

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

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

FILED MAY 10 1956

13653

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 74

I. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Oak Grove</u> c. LENGTH OF STAY (in this place) <u>50 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Oak Grove</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>City 70050</u>	
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3. NAME OF DECEASED (Type or Print) (First) <u>Luther</u> (Middle) <u>D</u> (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April - 24 - 1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 18 - 1876</u>	9. AGE (In years last birthday) <u>67</u> 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) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Wellington Mo</u>	
13a. FATHER'S NAME <u>John Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Olivia Cravers</u>		14. NAME OF HUSBAND OR WIFE <u>Lucy Johnson</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes #1</u>		16. SOCIAL SECURITY NO. <u>494-14-1886</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucy Johnson - Oak Grove Mo</u>	
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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>Metastatic Carcinoma of the Liver of Rector</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of Rector</u> 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 <u>8 weeks</u> <u>3 1/2 yrs</u>	
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19a. DATE OF OPERATION <u>June 13 - 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the Rector</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>154X</u>		
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 June 1, 1952, to April 24, 1956, that I last saw the deceased alive on 4-24, 1956, and that death occurred at 4:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Linton M D.</u>		23b. ADDRESS <u>Oak Grove Mo</u>		23c. DATE SIGNED <u>4-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-26-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Oak Grove Mo</u>		DATE REC'D BY LOCAL REG. <u>4-25-56</u> REGISTRAR'S SIGNATURE <u>N. B. Langford</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u> ADDRESS <u>Oak Grove Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1958

MAY 14 1958

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 *R B Webb*.....

Licensed Embalmer No. *234*

P. O. Address *Blue Spr*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.