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FILED APR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14218**

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 65

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| 1. PLACE OF DEATH a. COUNTY PHELPS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE WISCONSIN b. COUNTY unknown | |
| b. CITY (If outside corporate limits, write RURAL and give township) ROLLA | | c. CITY OR TOWN Conover | d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 38 mo. | | f. STREET ADDRESS (If rural, give location) 480 S | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McFARLANDS NURSING HOME | | | |

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|-------------------------------------|-------------------------|-------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) HENRY | b. (Middle) | c. (Last) JOHNSON | 4. DATE OF DEATH (Month) (Day) (Year) April 11 - 1956 |
|-------------------------------------|-------------------------|-------------|--------------------------|--|

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|--------------------|-------------------------------|---|-------------------------------------|---|-----------------------------|---------------------------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH Sept 8 1881 | 9. AGE (In years) (last birthday) 74 | IF UNDER 1 YEAR Months Days | IF UNDER 4 HRS. Hour Min. |
|--------------------|-------------------------------|---|-------------------------------------|---|-----------------------------|---------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERGYMAN | 10b. KIND OF BUSINESS OR INDUSTRY CHURCH | 11. BIRTHPLACE (City and State or Foreign Country) Racine, Wisc. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Christian Johnson | 13b. MOTHER'S MAIDEN NAME Lena Field | 14. NAME OF HUSBAND OR WIFE Lula Johnson |
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| 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 REV Ralph Johnson, Bland, Missouri | ADDRESS |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis far advanced | | INTERVAL BETWEEN ONSET AND DEATH 4 yrs |
| | ANTECEDENT CAUSES Morbidity 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4500 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) | 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 **Feb. 1956** to **Apr 11, 1956**, that I last saw the deceased alive on **Apr 10, 1956**, and that death occurred at **6:45 pm**, from the causes and on the date stated above.

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|---|-------------------|--------------------------------|------------------------------------|
| 23a. SIGNATURE James M. Hagers, M.D. | (Degree or title) | 23b. ADDRESS Rolla, Mo. | 23c. DATE SIGNED Apr 12, 56 |
|---|-------------------|--------------------------------|------------------------------------|

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|---|----------------------------|---|---|
| 24a. BURIAL CREMATION REMOVAL (Specify) BURIAL | 24b. DATE 4-14-1956 | 24c. NAME OF CEMETERY OR CREMATORY Forest Home | 24d. LOCATION (City, town, or county) (State) Milwaukee, Wisc. |
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| DATE RECD BY LOCAL REG. Apr. 12, 1956 | REGISTRAR'S SIGNATURE Nadine L. Steele | 25. FUNERAL DIRECTOR'S SIGNATURE SASSMANN'S FUNERAL SERVICE | ADDRESS BLAND, MISSOURI |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number 387

Date Filed APR 18 1956

JAN 4 1963

MS
SEP 2 1960

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 Orville Seaman

Licensed Embalmer No. 4178

P. O. Address Blair-

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.