

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25752**

FILED JUL 23 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6197** Registrar's No. **75**

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

1. PLACE OF DEATH a. COUNTY <b>Taney</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Taney</b>	
b. CITY (If outside limits of town, give town) OR TOWN <b>LORSTYTH</b>		c. LENGTH OF STAY (in this place) <b>2 mo</b>	c. CITY OR TOWN <b>ROCKAWAY BEACH</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WAKEVIEW REST. HOME</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b> b. (Middle) <b>GUIDO</b> c. (Last) <b>JOHNSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-13-56</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>MAY-19-1866</b>
10a. USUAL OCCUPATION (Give kind of work usually most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SALEMAN</b>	9. AGE (in years last birthday) <b>90</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRs. Hours _____ Mins. _____
11. BIRTHPLACE (City and State or Foreign Country) <b>BOSTON MASS</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13. FATHER'S NAME <b>RICHARD M JOHNSON</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN E. LORD</b>	
14. NAME OF HUSBAND OR WIFE <b>DIVORCED</b>		17. INFORMANT'S SIGNATURE OR NAME <b>BETTY ROBERTS</b> ADDRESS <b>ROCKAWAY BEACH MO</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Overdose when</b> DUE TO (c) <b>senility</b>		
	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		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 <b>6-5</b> , 1955, to <b>7-13</b> , 1956, that I last saw the deceased alive on <b>7-13</b> , 1956, and that death occurred at <b>11:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Mary King D.O.</b>		23b. ADDRESS <b>Forayth, Missouri</b>	23c. DATE SIGNED <b>7-13-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-16-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forayth Memorial Park, Branson MO</b>	24d. LOCATION (City, town, or county) (State) <b>Branson MO</b>
DATE REC'D BY LOCAL REG. <b>7-18-56</b>	REGISTRAR'S SIGNATURE <b>Nelen Campbell</b>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Whelchel Funeral Home Branson MO</b>	

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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 *Minnie J. Whelchel*.....

Licensed Embalmer No. *2277*.....

P. O. Address *Princeton*.....

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.