

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26359

FILED AUG 27 1956

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Cameron</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Platte Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>750</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Floy</u> b. (Middle) <u>Imogene</u> c. (Last) <u>Johnson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 7 1956</u>
---	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct. 29 1894</u>	9. AGE (In years last birthday) <u>61</u> 9 Months <u>9</u> Days <u>8</u> Hours <u>1</u> Min.
----------------------	-------------------------------	---	--------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home keeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	-----------------------------------	---	--

13a. FATHER'S NAME <u>Camp B. Porter</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Thornhill</u>	14. NAME OF HUSBAND OR WIFE <u>Floyd R Johnson</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>X</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Johnson Osborn, Mo.</u>	ADDRESS
---	-------------------------------------	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u>		<u>18 hrs</u> <u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Polycythemia vera</u>			<u>2 yr</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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) (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 4-10-1954, to 8-7-1956, that I last saw the deceased alive on 8-6-1956, and that death occurred at 3:58 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. D. Osborn</u>	23b. ADDRESS <u>Camerton Mo.</u>	23c. DATE SIGNED <u>8-9-56</u>
--	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug. 9 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Osborn Mo.</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>8-20-56</u>	REGISTRAR'S SIGNATURE <u>Wimifred W. Moser</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. Lyon</u>	ADDRESS <u>Plattsburg, Mo.</u>
---	--	--	--------------------------------

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

390

AUG 28 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

*Danell W. Lyon*

Licensed Embalmer No. *3640*

P. O. Address *Plattsburg, 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.