

FILED AUG 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. 29570

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4498 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hunnell		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hunnell	
c. LENGTH OF STAY (In this place) 12 yrs.		d. STREET ADDRESS (If rural, give location) Town Limits 1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION Town Limits.			

3. NAME OF DECEASED (Type or Print) a. (First) Cate b. (Middle) Bell c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) 8-5-1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 12-13-1862		9. AGE (In years last birthday) 93		IF UNDER 1 YEAR Months 7 Days 22 IF UNDER 24 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John W. Wood		13b. MOTHER'S MAIDEN NAME Elizabeth Fowler		14. NAME OF HUSBAND OR WIFE Charles Johnson (dec).	
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 ADDRESS Grever Bohrer -, Hunnell Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, hypostatic		ANTECEDENT CAUSES		1-2 weeks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid 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		Generalized arteriosclerosis		30-40 years	
Conditions contributing to the death but not related to the disease or condition causing death.		Axylonybritis		2 months	

19a. DATE OF OPERATION none		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)		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 April 24, 1955, to August 5, 1956, that I last saw the deceased alive on August 4, 1956, and that death occurred at 1:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE Charles R. Johnson MD. (Degree or title)		23b. ADDRESS 211 No. Main - Monroe City, Mo.		23c. DATE SIGNED 8/10/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-7-1956		24c. NAME OF CEMETERY OR CREMATORY Deer Creek Cemetery	
		24d. LOCATION (City, town, or county) North Park		(State) Mo	

DATE REC'D BY LOCAL REG. 8-13-56		REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE Harold Garrison ADDRESS Monroe City	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4190

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Nancy Garner

Signed.....
Student Embalmer

Licensed Embalmer No. 3720.....

P. O. Address Monroe City 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.