S. No. 300
v. 10.48

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44550

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 245

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (In this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Municipal Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stotesbury, Missouri
d. STREET ADDRESS (If rural, give location): P. O. Box

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): W
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): Dec. 19 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 1, 1868
9. AGE (In years last birthday): 88 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agricultural
11. BIRTHPLACE (State or foreign country): Rowletta, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Henry Johnson
13b. MOTHER'S MAIDEN NAME: Kathryn Adams
14. NAME OF HUSBAND OR WIFE: Nannie Jane Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Irene Bloesser, Walker, Missouri

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Fracture Right Hip — INTERVAL BETWEEN ONSET AND DEATH: 20 Days

ANTECEDENT CAUSES

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

Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis 9030

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 21
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Stotesbury, Vernon, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 31 1956 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell on porch floor

22. *I hereby certify that I attended the deceased from* Dec. 2, 1956, *to* Dec. 19, 1956, *that I last saw the deceased alive on* Dec. 19, 1956, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Martin M.D.
23b. ADDRESS: 218 E. Hunter Nevada, Mo.
23c. DATE SIGNED: 12-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 22, 1956
24c. NAME OF CEMETERY OR CREMATORY: Underwood cemetery
24d. LOCATION (City, town, or county) (State): Stotesbury, Missouri

DATE REC'D BY LOCAL REG.: 12-22-1956
REGISTRAR'S SIGNATURE: Emma E. Ferris
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: W. E. Konantz, Fort Scott, Kansas
(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2080

P. O. Address Box 283 Fort Scott, K

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.