

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

618

State File No. ....

FILED JAN 30 1957

BIRTH NO. _____		REG. DIST. NO. <u>#67</u>		PRIMARY REG. DIST. NO. <u>4118</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Christian</u>		c. LENGTH OF STAY (in this place) <u>3 Yrs.</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sparta</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>		c. CITY OR TOWN <u>Sparta</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <u>Sparta, Missouri</u>		3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)		02 20	
a. (First) <u>Calvin</u>		b. (Middle)		c. (Last) <u>Johnson</u>		Jan. <u>13</u> , 19 <u>57</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 18, 1875</u>	
9. AGE (In years last birthday) <u>81</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Horace Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Hart</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Johnson, 806 Belmont, Spr., Mo.</u>			
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>Circulatory Failure</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>Cerebral Hemorrhage</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arteriosclerosis</u>					
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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)		331x	
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 <u>December, 1956</u> , to <u>Jan. 13</u> , 1957, that I last saw the deceased alive on <u>Jan. 11</u> , 1957, and that death occurred at <u>2:47 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. Warren Wilbanks, M.D.</u>				23b. ADDRESS <u>Christian Co. Missouri</u>		23c. DATE SIGNED <u>Jan. 14-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan. 15, 57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monger Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 16, 1957</u>		REGISTRAR'S SIGNATURE <u>Norris Day</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>		ADDRESS <u>Ozark, Mo.</u>	

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address... *Ozark, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.