

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23616

STATE FILE NUMBER

FILED JUL 22 1957

Registration District No. 42 Primary Registration District No. I000 Registrar's No. 768

| | | | | | | | | |
|---|---|---|--|---|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Joseph <i>0117</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION 2739 Duncan St. | | | Length of stay in 1b 58 years | | d. STREET ADDRESS (If outside, give location) 2739 Duncan St. | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) GEORGE P. JOHNSON | | | | 4. DATE OF DEATH July 14, 1957 | | | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 17, 1891 | | 9. AGE (In years last birthday) 66 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. laborer | | | 10b. KIND OF BUSINESS OR INDUSTRY Cable Co. | 11. BIRTHPLACE (City and state or country) Atchison, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME John C. Johnson | | | | 14. MOTHER'S MAIDEN NAME Helen J. O'Reily | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 499-20-3020 | | 17. INFORMANT Mrs. George Johnson, 2739 Duncan St. Joseph, Mo. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTATIC CARCINOMA | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 MONTHS | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUPLICATE TO (b) CARCINOMA OF PROSTATE | DUPLICATE TO (c) _____ | | | | | UNK. | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 177X | | | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | | |
| 20c. TIME OF INJURY Hour a. m. p. m. | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE | |
| 21. I attended the deceased from FEB. 10, 1957 to JULY 14, 1957 and last saw ^{her} alive on July 12, 1957 Death occurred at 4:25p. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE (Degree / title) Lawrence J. Fisher, M.D. | | | | 22b. ADDRESS 1301 Farm St Joseph Mo. | | 22c. DATE SIGNED 7-16-57 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 7/17/1957 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri | | | |
| 24. FUNERAL DIRECTOR Heaton-Bowman | | ADDRESS St. Joseph, Mo. | 25. DATE RECD. BY LOCAL REG. July 18, 1957 | | 26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton | | | |

(Licensed Embalmer's Statement on Reverse Side)

MAR 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William Spalding*.....

Licensed Embalmer No. 453

P. O. Address 3195 10th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.