

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25573**

FILED AUG 14 1957  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **133**

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY OR TOWN <b>Hayti</b>		c. CITY OR TOWN <b>Steele</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hosp.</b>		e. STREET ADDRESS <b>1700 Colburn St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas Harry</b> b. (Middle) <b>Johnson</b> c. (Last) <b>Johnson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-23-57</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>12-24-1884</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	9. AGE (In years last birthday) <b>72</b> Months <b>6</b> Days <b>29</b>
11a. FATHER'S NAME <b>Nelson Johnson</b>		11b. MOTHER'S MAIDEN NAME <b>Emerson</b>	11c. NAME OF HUSBAND OR WIFE <b>Coalie Johnson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Thomas H. Johnson Jr. Hayti, Mo.</b> 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Malignant undifferentiated Carcinoma of Left Lung.</b> 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. <b>163X</b>	
19a. DATE OF OPERATION <b>7/8/57</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Left SupraClavicular Lymph Nodes</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <b>June 20, 1957</b> , to <b>July 23, 1957</b> , that I last saw the deceased alive on <b>July 23, 1957</b> , and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Abigail E. Halcomt, M.D.</b> (Degree or title) <b>C</b>		23b. ADDRESS <b>Steele, Mo.</b>	23c. DATE SIGNED <b>7/25/57</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>7-25-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Zion</b>	24d. LOCATION (City, town, or county) (State) <b>Steele, Mo.</b>
DATE REC'D BY LOCAL REG. <b>8-1-57</b>	REGISTRAR'S SIGNATURE <b>John W. Gerner</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Samuel Wood Co. Steele, Mo.</b> ADDRESS _____	

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

8-225-57

AUG 13 1957

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 *John H. German*  
Licensed Embalmer No. *435*

P. O. Address *Hayt*

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.