

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1958

STATE FILE NUMBER **435**

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY CALLAWAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SALINE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN GILLIAM Outside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL #1 Length of stay in lb 6 DAYS		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HARRY Middle R. Last JOHNSON			4. DATE OF DEATH Month 2 Day 4 Year 58
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 12-14-1872
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNK		9b. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 85 IF UNDER 1 YEAR: Months 9 Days — Hours — Min. — IF UNDER 24 HRS. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNK		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) UNK
13. FATHER'S NAME UNK		14. MOTHER'S MAIDEN NAME UNK	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNK (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. UNK.	17. INFORMANT Address State Hospital #1, Fulton, Missouri
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic Heart Disease			INTERVAL BETWEEN ONSET AND DEATH _____
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.) 493X
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			
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. <input checked="" type="checkbox"/> attended the deceased from State Hosp. #1 1-29-58 to 2-4-1958 and died him XXXXXX-XXXXXX			
22a. SIGNATURE Erwin Leonhardt, M.D. (Name or title)		22b. ADDRESS State Hospital #1, Fulton, Missouri	22c. DATE SIGNED 2-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 2/4/58	23c. NAME OF CEMETERY OR CREMATORY DC SLATER
24. FUNERAL DIRECTOR Maupin ADDRESS Fulton Mo		25. DATE RECD. BY LOCAL REG. Feb. 8. 1958	26. REGISTRAR'S SIGNATURE Maretha Lawrence

FEB 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. J. Rosson

Licensed Embalmer No. *28*

P. O. Address *Fullon*

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.