Health, & Welfare Public Service

S. 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-022321
STATE FILE NUMBER

FILED JUN 25 1958 Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 120

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY: Jasper<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin, Twsp. — Inside Limits Yes ☒ No ☒<br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Hope Manor — Length of stay in Ib: 27 Mos | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE: Missouri b. COUNTY: Jasper<br>c. CITY OR TOWN: Carl Junction, Mo. — Inside Limits Yes ☐ No ☐<br>d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐ |

| 3. NAME OF DECEASED (Type or print) First | Middle | Last | 4. DATE OF DEATH Month Day Year |
|---|---|---|---|
| WILLIAM | L. | JOHNSON | 6-8-1958 |

| 5. SEX | 6. COLOR OR RACE | 7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐ | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|---|---|---|---|---|---|---|
| Male | White | | 9-27-1865 | 92 | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Section Foreman | Railroad | Clay Co., N. C. | USA |

| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE |
|---|---|---|
| Unknown | Unknown | Emeline Ditmore Johnson |

| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT | Address |
|---|---|---|---|---|
| No | | None | Mrs. Ida Blower | Carl Jct., Mo. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Medullary Failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Chronic Pulmonary congestion

DUE TO (c) Arteriosclerosis 4500

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 August 1955, to June 8 and last saw her/him alive on May 24, 1958. Death occurred at 2:15 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

| 22a. SIGNATURE | (Degree or title) | 22b. ADDRESS | 22c. DATE SIGNED |
|---|---|---|---|
| J. Stiles | D. O. 2 | Carl Junction, Mo | 6/9/58 |

| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 6-10-1958 | Carl Junction Cemetery | Carl Jct. Mo. |

| 24. FUNERAL DIRECTOR | ADDRESS | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE |
|---|---|---|---|
| Don Roney | Carl Junction, Mo. | 6-16-58 | Mrs. Madeline Swartzer |

(Licensed Embalmer's Statement on Reverse Side)

County File Number

Date Filed JUN 23 1958

## 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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City

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.