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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028681  
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 101 Primary Registration District No. 5403 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <b>Douglas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton Twp.</b>		c. CITY OR TOWN <b>Clinton, Twp.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 1, Cabool</b>		d. STREET ADDRESS (If outside, give location) <b>7 mi. So. Cabool</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Marshall Lee Johnson</b>		4. DATE OF DEATH Month Day Year <b>7-24-58</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-7-1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>transfer business</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>78</b>
11. BIRTHPLACE (City and state or country) <b>Cabool, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Parilee Dailey</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>498-28-1151</b>	
17. INFORMANT <b>Marie Tara, Millwaukee, Wisconsin</b>		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Bronchiectasis</b>			10 years
DUE TO (c) <b>526 X</b>			
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 <b>July 1955</b> to <b>July 24, 1958</b> and last saw her/him alive on <b>7-24-58</b> Death occurred at <b>6:15</b> <b>P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. H. Gentry M.D.</b> (Degree or title)		22b. ADDRESS	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>7-27-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Cabool Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cabool, Missouri</b>	
24. FUNERAL DIRECTOR <b>Elliott Gentry, Cabool, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Aug. 21-58</b>	
26. REGISTRAR'S SIGNATURE <b>Vestal Bushman</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

*James Henry*

Licensed Embalmer No. *4718*

P. O. Address *Calhoun, W.*

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.