. Health,
& Welfare
. Public
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FILED NOV 25 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043059
STATE FILE NUMBER 212

Registration District No. 360 Primary Registration District No. 6225 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Nevada — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR ~~INSTITUTION~~ (If NOT in hospital, give location) Nevada hosp — Length of stay in 1b 4 da

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Nevada
c. CITY OR TOWN Walker 1080 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) R7D — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First William Middle None Last Johnson

4. DATE OF DEATH Month Oct Day 17 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH Sept 15 1866
9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Gen. building
11. BIRTHPLACE (City and state or country) Parkville Mo
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John Johnson
13b. MOTHER'S MAIDEN NAME Sarah Brown
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT John Reinicke — Address R. 1 - Bx 361 Parkville Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Conjestive heart failure	36 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Arteriolosclerosis.	unknown
DUE TO (c)	Generalized arteriolosclerosis.	unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 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 Jan. 4, 1958, to Oct. 17, 1958 and last saw ~~him~~ him alive on Oct. 17, 1958
Death occurred at Nevada, Mo. 10:50A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. P. McCann L. P. McCann, M.D.
22b. ADDRESS Moore Bldg., Nevada, Mo.
22c. DATE SIGNED 10/23/58

23a. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
23b. DATE Oct 20 59
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Lion Creek
23d. LOCATION (City, town, or county) Parkville (State) Mo

24. FUNERAL DIRECTOR Leland H Francis ADDRESS Parkville Mo
25. DATE RECD. BY LOCAL REG. 11-17-1958
26. REGISTRAR'S SIGNATURE Anna J Jerry

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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.

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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 Haddon E. Francis Student Embalmer No. 570 working under my personal supervision.

Student Haddon E. Francis
Signature of Student Embalmer

Signed Leland G. Francis
401 main
Licensed Embalmer No. 3451
P. O. Address Parkville

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.