Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002017
STATE FILE NUMBER

FILED JAN 19 1959 Registration District No. 182 Primary Registration District No. 5681 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Grantsville Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): RFD Purdin — Length of stay in 1b: 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Linn
c. CITY OR TOWN: Purdin — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: PAUL Middle: E. Last: JOHNSON
4. DATE OF DEATH: Month: January Day: 13 Year: 1959

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 5, 1902
9. AGE (In years last birthday): 57 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (City and state or country): Forker, Mo.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Albert A. Johnson
13b. MOTHER'S MAIDEN NAME: Jennie Smalley
14. NAME OF HUSBAND OR WIFE: Nell Louden

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mrs. Nell Johnson, Purdin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Adenocarcinoma of liver + pancreas — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.
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): 157X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 June 29, 1958 to Jan 13, 1959 and last saw ~~her~~ him alive on Jan 12, 1959
Death occurred at 5 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Denton Wilson (Degree or title) D.O.
22b. ADDRESS: Linneus, Mo.
22c. DATE SIGNED: Jan 15, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 15, 1959
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill
23d. LOCATION (City, town, or county) (State): Brookfield, Mo.

24. FUNERAL DIRECTOR: Wright Funeral Home ADDRESS: Brookfield, Mo.
25. DATE RECD. BY LOCAL REG.: Jan. 15-1959
26. REGISTRAR'S SIGNATURE: Mrs Budie Kelley

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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OCT 4 1966

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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Mo.

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.