

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-021938

FILED JUL 7 1959

155 Primary Registration District No. 4246

Registrar's No. 100

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carl Junction</u>		c. CITY OR TOWN <u>Carl Junction</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>212 Skinner St.</u>		d. STREET ADDRESS (If outside, give location) <u>212 Skinner St.</u>	

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>T.</u> Last <u>Johnson</u>			4. DATE OF DEATH Month <u>6</u> Day <u>29</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-27-1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garage Mgr</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>		11. BIRTHPLACE (City and state or country) <u>Crete, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>John T. Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Margarette Yant</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Johnson (decd)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>491-01-4581</u>		17. INFORMANT <u>Mrs. Lloyd Cook, Carl Jct</u>		

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) <u>medullary fileris</u>		
DUE TO (b) <u>Generalized Carcinomatosis</u>		
DUE TO (c) <u>Primary Adenocarcinoma Prostat</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <u>9:20</u> a.m. p.m.	Month, Day, Year <u>May 5, 1959</u>	

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 <u>Carl Junction Mo</u>	COUNTY <u>Mo</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>May 5, 1959</u> to <u>June 29, 1959</u> and last saw him alive on <u>6/29/59</u> Death occurred at <u>9:20 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>L. Stiles, D.O.</u> (Degree or title)		22b. ADDRESS <u>Carl Junction Mo</u>		22c. DATE SIGNED <u>7/1/59</u>

23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-1-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Carl Junction</u>	23d. LOCATION (City, town, or county) (State) <u>Carl Junction, Mo.</u>
24. FUNERAL DIRECTOR <u>Don Roney, Carl Jct, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>7-1-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Harvey E. Arnes

Licensed Embalmer No. 4463

P. O. Address Cross Co.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.