

FILED FEB 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. **4260**

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 5309		Registrar's No. 14	
1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Boonville Twp.		c. LENGTH OF STAY (In this place) 5 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		0270	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) R. F. D. #3			
3. NAME OF DECEASED (Type or Print)		a. (First) Ollie		b. (Middle) B		c. (Last) Johnson	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 1st 1900	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. 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 (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Bert Johnson		13b. MOTHER'S MAIDEN NAME Rosa A. Rimel		14. NAME OF HUSBAND OR WIFE Ethel Olson Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 440-30-2732		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Johnson, Boonville, Missouri.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION.				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Diabetes gangrene		DUE TO (b) Diabetes mellitus		over 9 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		2 1/2 x	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		No absolutely refused diabetic diet + would not take insulin		1 1/2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 4-22 , 19 47 , to 2-11 , 19 51 , that I last saw the deceased alive on 2-11 , 19 51 , and that death occurred at 5:45 P m., from the causes and on the date stated above.							
23a. SIGNATURE W.E. Stouy (Degree or title) 0 M.D.				23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED 2-13-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE February 13 1951		24c. NAME OF CEMETERY OR CREMATORY Kopps Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Boonville, Mo. Cooper County, Missouri.	
DATE REC'D BY LOCAL REG. 2-13-51		REGISTRAR'S SIGNATURE D. Hooper 581		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Missouri.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-19-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Walter E. Moyer

Licensed Embalmer No. 4491

P. O. Address Boonville, 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 this body is not embalmed, fact should be so stated above.