

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33082

State File No.

No. 300
10.48

FILED NOV 14 1951

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5376 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <u>De Kalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grand River</u>		c. LENGTH OF STAY (In this place) <u>3 mths</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		d. STREET ADDRESS (If rural, give location) <u>104 W 7th St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi N W. Cameron</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>H</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 31 51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unmar</u>	8. DATE OF BIRTH <u>Aug 19, 1876</u>		9. AGE (In years last birthday) <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plumbing</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF THAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Oltman Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Tottie Freese</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <u>Mrs. Erce Shreve Cameron</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Nephritis</u> DUE TO (c) <u>Carcinoma of colon</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>				INTERVAL BETWEEN ONSET AND DEATH	
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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 1948, to 10-31, 1951, that I last saw the deceased alive on 10-31, 1951, and that death occurred at 10:55 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. K. Jones, M.D.</u> (Degree or title)		23b. ADDRESS <u>Cameron, Mo</u>		23c. DATE SIGNED <u>11-2-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton MO</u>	
DATE REC'D BY LOCAL REG. <u>11-2-51</u>		REGISTRAR'S SIGNATURE <u>Robert Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Davidson</u>		ADDRESS <u>Clinton, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert F. Paland

Licensed Embalmer No. 4777

P. O. Address 222 West 5th St
Cameron, 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.