

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. FILED MAR 29 1954 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4214 Registrar's No. 338

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater</u>		c. LENGTH OF STAY (In this place) <u>7 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Deepwater</u>		07/20/0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Delaney</u>			d. STREET ADDRESS (If rural, give location) <u>General Delaney</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>WADE</u> b. (Middle) <u>HAMPTON</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 18 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 12 1879</u>	9. AGE (In years last birthday) <u>74</u>	10. MONTHS <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baptist Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cass County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Madison Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Vaughn</u>		14. NAME OF HUSBAND OR WIFE <u>Mary D Johnson</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary D Johnson Deepwater Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>2 years.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>fluid</u>				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) (Min.)		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 <u>May 10, 1952</u> , to <u>March</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3/15</u> , 19 <u>54</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. R. S. Haller General M.D.</u>			23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>3/19/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/21/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Witch Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Witch Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Mar-21-54</u>	REGISTRAR'S SIGNATURE <u>Florence Alden</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred Wilkinson Funeral Home Clinton Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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

*F L Schaberg*

Licensed Embalmer No. *4593*

P. O. Address *Clinton, 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.