t. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-040934

STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Hayti — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): County Hospital — Length of stay in 1b: 9 Wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pemiscot
c. CITY OR TOWN: Wardell 0780 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Gen. Del. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Howard Middle L. Last Johnson

4. DATE OF DEATH: Month Nov. Day 29, Year 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 6-23-1891
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 5 Days 6 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Custodian
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (City and state or country): Obion County, Tenn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Joseph Johnson
13b. MOTHER'S MAIDEN NAME: Martha Mills
14. NAME OF HUSBAND OR WIFE: Nora Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 272-30-0120
17. INFORMANT: Martha Stanford — Address: Wardell, 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): Carcinoma of the Prostate — INTERVAL BETWEEN ONSET AND DEATH: 15 Mos.
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): 177X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 Nov. 7, 1957, to Nov. 29, 1958 and last saw him alive on Nov. 29, 1958
Death occurred at 5 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lol K. Duckworth MD
22b. ADDRESS: Hayti, Mo.
22c. DATE SIGNED: 12/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-2-58
23c. NAME OF CEMETERY OR CREMATORY: Wardell Memorial
23d. LOCATION (City, town, or county) (State): Wardell, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Osburn Funeral Home, Wardell, Mo.
25. DATE RECD. BY LOCAL REG.: 12-1-58
26. REGISTRAR'S SIGNATURE: John W German

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 James A. Dobson

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.

CARUTHERSVILLE, MO.