

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013075

STATE FILE NUMBER

FILED MAY 11 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 115

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1-57 0

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Clinton mo</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Welch Hosp 2 Weeks</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>RR #5</u>

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Hathaway</u> Last <u>Johnson</u>			4. DATE OF DEATH Month <u>5</u> Day <u>4</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"/> 2. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG 30 1872</u>		9. AGE (In years last birthday) <u>86</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>Lashland mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Jacob B Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH JANE Dooley</u>		14. NAME OF HUSBAND OR WIFE <u>Cecil Smith</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>None</u>		17. INFORMANT Address <u>Max Cecil Smith Clinton mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Circulatory Failure</u>			
DUE TO (c) <u>Cardiac Decompensation</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Squamous Cell Carcinoma (Penis) Senile Psychoses + Incontinence.</u>			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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.) <u>4344H</u>		
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>					
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE	

21. I attended the deceased from April 19, 1959 to May 4, 1959 and last saw him alive on May 3, 1959
Death occurred at 6:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>R. E. Harbaugh, D.O.</u>		22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>May 5, 1959</u>
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23a. DATE OF CREMATION, REMOVAL (Specify) <u>May 12</u>	23b. DATE <u>5-5-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairbairn Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Near Linden Mo</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Consalus Clinton mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-5-59</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
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(License Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 18 1959

JUN 1 1959

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 *Ernest R. Conover*

Licensed Embalmer No. *4680*

P. O. Address *Clinch, 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.