

FILED FEB 20 1952

STANDARD CERTIFICATE OF DEATH

State File No. 4186

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5175 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY OR TOWN <u>Macks Creek Rural</u>		c. CITY OR TOWN <u>Macks Creek Mo</u>	
c. LENGTH OF STAY (If this place)		d. STREET ADDRESS (If rural, give location) <u>Route 2 0150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 9-1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>whit</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 19-1883</u>
9. AGE (In years last birthday) <u>69</u>	10. MONTHS <u>20</u>	11. YEAR <u>1883</u>	12. HOURS <u>20</u> MIN. <u>00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>agr</u>	11. BIRTHPLACE (State or foreign country) <u>Boston Co. Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Richard Silmon</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Hopper</u>	14. NAME OF HUSBAND OR WIFE <u>Cora Michel</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 <u>Coramichel Johnson</u> ADDRESS <u>0150 Route 2</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>(Cerebral thrombosis)</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 Mos.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>	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) <u>4201</u>	
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 <u>Nov 51</u> , 19 <u>51</u> , to <u>Feb 9</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb 9</u> , 19 <u>52</u> and that death occurred at <u>11:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Plechner M.D.</u> (Degree or title)		23b. ADDRESS <u>Camden Mo</u>	23c. DATE SIGNED <u>Feb 11, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Macks Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Macks Creek Mo</u>
DATE REC'D BY LOCAL REG. <u>2-12-52</u>	REGISTRAR'S SIGNATURE <u>E. E. Plechner M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson - Wholery</u>	ADDRESS <u>Camden Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0150
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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

Abbi Bankman Woolery

Licensed Embalmer No. *2488*

P. O. Address *Camden, 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.