

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4555**
Registrar's No. **164-A**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Wk b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Norfolk	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 3 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hosoiatl U			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Andrew c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1949			
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 14, 1878	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION: (Give kind of work done during most of working life even if retired) Saw miller		10b. KIND OF BUSINESS OR INDUSTRY Saw Miller		11. BIRTHPLACE (State or foreign country) Mo. ()		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Johnson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE America Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME C. G. Johnson ADDRESS Norfolk	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure with Anasarca					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease					
		DUE TO (c) Diabetes Mellitus, mild					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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 **11 July, 1948**, to **19 Feb., 1949**, that I last saw the deceased alive on **19 Feb., 1949**, and that death occurred at **11:52 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley S. Peterson, M.D.		23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 20 Feb 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2-22-49		24c. NAME OF CEMETERY OR CREMATORY Galatia	
24d. LOCATION (City, town, or county) (State) Bates Co Wk		DATE REC'D BY LOCAL REG. 3/13/49		REGISTRAR'S SIGNATURE H. Handley M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Wenner (Waller) Wm. Handley		ADDRESS Norfolk			

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

No. 300
10.48

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.

Signed Denver Rolles

Signed.....
Student Embalmer

Licensed Embalmer No. 4006

P. O. Address Int'l Home Ark.

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.