

No. 300
10.48.1

FILED MAR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7794

Dr. McHaney

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 74

2654
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2117 Meadow Lane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Daniel</u> c. (Last) <u>Johns, Jr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 22 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June-1-1941</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sedalia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Thomas D. Johns, Sr</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Holbrook</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Thos. D. Johns, Sr.</u> ADDRESS <u>Jefferson City</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>Congestive Heart failure</u> ANTECEDENT CAUSES (b) <u>acute Rheumatic Carditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>acute Rheumatic fever</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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-1-49</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2-14 1949, to 3-22, 1949, that I last saw the deceased alive on 3-22 1949, and that death occurred at 5-2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. McHaney MD</u>		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>3/22/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar-23-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>River View Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jefferson City, MO</u>			

DATE REC'D BY LOCAL REG. <u>March 22 1949</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis MD</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jefferson City, MO</u>	
---	--	---	--	---	--

RECEIVED
OFFICE OF THE HEALTH OFFICER No. 9,
DIRECTOR OF HEALTH
Date Filed MAR 28 1949

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

Joseph J. Gordon

Signed.....
Student Embalmer

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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.