

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 5 1949

State File No. 9070

BIRTH NO. _____		REG. DIST. NO. 178		PRIMARY REG. DIST. NO. 4286		Registrar's No. 27	
1. PLACE OF DEATH a. COUNTY <b>Lewis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>			
b. CITY (If outside corporate limits, write RURAL and give townships) <b>LaGrange</b>		c. LENGTH OF STAY (in this place) <b>61 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LaGrange</b>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>				d. STREET ADDRESS (If rural, give location) <b>none</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Marry</b>		b. (Middle) <b>Susan</b>		c. (Last) <b>Johnson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 29 1949</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED) WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>Feb 28, 1860</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <b>89 1 1</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri U</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Cortes Johnson</b>			13b. MOTHER'S MAIDEN NAME <b>Elicia Hening</b>			14. NAME OF HUSBAND OR WIFE <b>none</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no X</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME <b>David Johnson</b>		ADDRESS <b>LaGrange, Mo</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYPOTATIC PNEUMONIA</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>SENILITY</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>5 2 21</b>				INTERVAL BETWEEN ONSET AND 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) (Min.)		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 <del>FEBR</del> <b>MAR 27, 1949</b> , to <b>MAR 29, 1949</b> ; that I last saw the deceased alive on <b>MAR 28, 1949</b> , and that death occurred at <b>6:54 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. T. Elley M.D.</b>				(Degree or title) <b>( )</b>		23b. ADDRESS <b>LaGrange, Mo</b>	
23c. DATE SIGNED <b>Mar 30</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 31-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wolf Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Francisville Mo.</b>		DATE REC'D BY LOCAL REG <b>April 1 1949</b>		REGISTRAR'S SIGNATURE <b>W. T. Elley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Thomas</b>	
ADDRESS <b>LaGrange, Mo.</b>							

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48  
5620

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 4-49-6

Date Filed APR 4 - 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.

Student .....  
Student Embalmer

Signed Paula Vaughn

Licensed Embalmer No. 4569

P. O. Address La Grange, 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.