No. 300
10.48

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

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9680

State File No.

BIRTH NO. REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4406 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY St Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Appleton City
c. LENGTH OF STAY (In this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Texas.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Corpuscristy
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mather b. (Middle) c. (Last) Johnson
4. DATE OF DEATH (Month) Apr (Day) 2 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Dec 24-1863
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months 3 Days 8 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William Johnson
13b. MOTHER'S MAIDEN NAME Not Known
14. NAME OF HUSBAND OR WIFE Katie Colyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bessie Chappell Appleton City Mo

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 Days

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.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 Mar 1949, *to* 2 Apr, 1949, *that I last saw the deceased alive on* 2 Apr, 1949, *and that death occurred at* 5-15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Appleton City
23c. DATE SIGNED 4 Apr 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr 4-1949
24c. NAME OF CEMETERY OR CREMATORY Appleton City Cem
24d. LOCATION (City, town, or county) (State) Appleton City Mo

DATE REC'D BY LOCAL REG. April 4, 1949
REGISTRAR'S SIGNATURE Mrs. Ole Abney 285
25. FUNERAL DIRECTOR'S SIGNATURE Frank Lee ADDRESS Appleton City Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-49-361
Date Filed 4-11-49

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~~ on the 2nd day of april 1949, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City Ohio

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.