

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13371

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <i>Pike</i>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pike</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Louisiana</i>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Bowling Green</i>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pike Co. Hospital</i>			
3. NAME OF DECEASED a. (First) <i>William</i> b. (Middle) <i>Herbert</i> c. (Last) <i>Johnson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>4-20-1949</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9-15-1889</i>
9. AGE (In years last birthday) <i>59</i>		IF UNDER 1 YEAR Months <i>7</i> Days <i>5</i>	IF UNDER 24 HRS. Hours <i>5</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Missouri Pike Co!</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Lafayette Johnson</i>		13b. MOTHER'S MAIDEN NAME <i>Annie Willis</i>	14. NAME OF MARRIAGE OR WIFE <i>Susie Kea Johnson</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Herbert Johnson - Bowling Green</i>
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) <i>Tubercular meningitis</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 wks</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Had advanced Pulmonary Tuberculosis</i> DUE TO (c) <i>6 yrs</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>0021</i>	
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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <i>4-6, 1949</i> to <i>4-20, 1949</i> , that I last saw the deceased alive on <i>4-20, 1949</i> , and that death occurred at <i>1:25 P. M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Chas. H. Hurrell M.D.</i>		23b. ADDRESS <i>Louisiana, Mo.</i>	
23c. DATE SIGNED <i>4-21-49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-22-1949</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Siloam Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Pike Co. Missouri</i>	
DATE REC'D BY LOCAL REG. <i>Apr. 17, 1949</i>		REGISTRAR'S SIGNATURE <i>Bonnie Collier 374</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>H. B. Etnore</i>		ADDRESS <i>Bowling Green</i>	

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

RECEIVED
District Health Officer No.
District File Number 449
Date Filed APR 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 W. B. Emore

Signed.....

Student Embalmer

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.