

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22749

BIRTH NO. 40199-49 REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5168 Registrar's No. 250

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McCredie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McCredie	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Gary b. (Middle) c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) July 16 1949					
5. SEX Male	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH July, 16, 1949	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Home, McCredie, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Robert Paul Johnson		13b. MOTHER'S MAIDEN NAME Essie Elizabeth Butler		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Homer Butler, McCredie, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7730
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lack of Development		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dont Know DUE TO (c)		
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 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 July, 16, 1949, to July, 16, 1949, that I last saw the deceased alive on July, 16, 1949, and that death occurred at 10:30 m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) H. B. Nichols M.D.		23b. ADDRESS Auxvasse, Missouri		23c. DATE SIGNED July, 21, 49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July, 17, 1949	24c. NAME OF CEMETERY OR CREMATORY Old Richland Cem	24d. LOCATION (City, town, or county) (State) 3 Mi. North Fulton, Mo.	

DATE REC'D BY LOCAL REG. July-21-1949	REGISTRAR'S SIGNATURE Maretta Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Homer Butler McCredie MO
---	--	-----	---

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

14
0

RECEIVED JUL 25 1949
District Health Officer No. 9
District File Number

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.