

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24067**

FILED AUG 12 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **198** PRIMARY REG. DIST. NO. **4311** Registrar's No. **27**

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

|  |  |  |   |
|--|--|--|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Macon</b><br>b. CITY OR TOWN <b>Callas</b><br>c. LENGTH OF STAY (in this place)<br>d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo.</b><br>b. COUNTY <b>Macon</b><br>c. CITY OR TOWN <b>Callas</b><br>d. STREET ADDRESS (If rural, give location)   |   |
| <b>3. NAME OF DECEASED</b><br>a. (First) <b>JAMES</b><br>b. (Middle)<br>c. (Last) <b>JOHNSON</b>   |  | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><b>6-19-1949</b>   |   |
| <b>5. SEX</b><br><b>Male</b>   | <b>6. COLOR OR RACE</b><br><b>Negro</b>  | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><b>Married</b>  | <b>8. DATE OF BIRTH</b><br><b>10-25-1851</b>                              |
| <b>9. AGE</b> (In years last birthday) <b>97</b><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 2 HRS. Hours _____ Min. _____   |  | <b>11. BIRTHPLACE</b> (State or foreign country)<br><b>Randolph County Mo.</b>   |   |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>   |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><b>U.S.A.</b>   |   |
| <b>13a. FATHER'S NAME</b><br><b>James Johnson</b>  |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Mandy Cook</b>  |   |
| <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Betty Johnson</b>   |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><b>Lawrence Johnson</b>  |   |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown); (If yes, give way or dates of service)<br><b>No</b>  |  | <b>16. SOCIAL SECURITY NO.</b><br><b>_____</b>   |   |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                            |  | <b>MEDICAL CERTIFICATION</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture of surgical neck</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS,<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| <b>19a. DATE OF OPERATION</b>  |  | <b>19b. MAJOR FINDINGS OF OPERATION</b>  |   |
| <b>19a. DATE OF OPERATION</b>  |  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)<br><b>accident</b>   | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>home</b> | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b><br><b>Callas Macon Mo.</b>  |   |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)<br><b>May-28-1949 3:30</b>  | <b>21e. INJURY OCCURRED WHILE AT WORK</b> ( ) NOT WHILE AT WORK ( )<br><input checked="" type="checkbox"/>     | <b>21f. HOW DID INJURY OCCUR?</b><br><b>stepped in hole &amp; fell</b>   |   |
| <b>22. I hereby certify that I attended the deceased from <u>May-28-1949</u>, to <u>June-19-1949</u>, that I last saw the deceased alive on <u>June-19-1949</u>, and that death occurred at <u>5 A.M.</u>, from the causes and on the date stated above.</b> |  |  |   |
| <b>23a. SIGNATURE</b> (Degree or title)<br><b>Dr. J. M. D.</b>   |  | <b>23b. ADDRESS</b><br><b>New Center, Mo.</b>  |   |
| <b>23c. DATE SIGNED</b><br><b>June 20, 1949</b>  |  | <b>24. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b>   |   |
| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b>  | <b>24b. DATE</b><br><b>6-22-49</b>   | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><b>Callas Cemetery</b>  | <b>24d. LOCATION (City, town, or county) (State)</b><br><b>Callas Mo.</b> |
| <b>DATE REC'D BY LOCAL REG.</b><br><b>8-7-49</b>   | <b>REGISTRAR'S SIGNATURE</b><br><b>Josephine King</b>  | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><b>Edward Davis</b>   |   |
| ADDRESS _____<br>(Licensed Embalmer's Statement on Reverse Side)   |  |  |   |

610

61503

29040  
20

RECEIVED

AUG 10 1949

District Health Officer No.

District File Number 8-49-13

Date Filed AUG 10 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 J. G. Edwards.....

Licensed Embalmer No. 1961.....

P. O. Address Berwick, 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.