

FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24460

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6044 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bardley Pine twsp.</u>	c. LENGTH OF STAY (in this place) <u>20 years.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bardley Pine twsp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ripley County Hwy. J.</u>		d. STREET ADDRESS (If rural, give location) <u>Ripley County Hwy. J.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>John</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Johnson.</u>	<u>June 16, 1949.</u>		
5. SEX <u>Male.</u>	6. COLOR OR RACE <u>white.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>July 27, 1862.</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR <u>10</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>	11. BIRTHPLACE (State or foreign country) <u>Wayne County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Joseph Johnson.</u>	13b. MOTHER'S MAIDEN NAME <u>Millie Thompson.</u>	14. NAME OF HUSBAND OR WIFE <u>Martley Johnson.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>- - -</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Johnson</u>
(If yes, give war or dates of service)		ADDRESS <u>Bardley, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u>	DUE TO (b) <u>Parasary; Sclerosis</u>		<u>4214</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>- - -</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>- - -</u>		
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) <u>- - -</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>- - -</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>- - -</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>- - -</u>

22. I hereby certify that I attended the deceased from 1-1, 1949, to 6-21, 1949, that I last saw the deceased alive on 6-18, 1949, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Edw. Adams</u>	23b. ADDRESS <u>Paris, Mo.</u>	23c. DATE SIGNED <u>6-27-49.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 17, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK RIDGE CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>Ripley Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-17-49</u>	REGISTRAR'S SIGNATURE <u>E. J. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Mearns</u>
		ADDRESS <u>Doniphani, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

9100

No. 900
10. 48

RECEIVED 7-9-49
District Health Officer No. 3,
District File Number 749484
Date Filed 7-14-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Ray Means

Signed.....
Student Embalmer

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.