

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24497**

BIRTH NO. 174 REG. DIST. NO. 3059 PRIMARY REG. DIST. NO. 3059 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Bonne Terre, Mo.</u>		c. CITY OR TOWN <u>Jarvisburg</u>	
c. LENGTH OF STAY (in this place) <u>few hours</u>		d. STREET ADDRESS (If rural, give location) <u>R. 2 No. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Rev. Afel</u>		b. (Middle) <u>Prosbey</u>	
c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19-1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White-Cauc</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 2-1870</u>
9. AGE (In years last birthday) <u>79-3-12</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Chester, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>J. Gerry Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Abigail Frances Price</u>	14. NAME OF HUSBAND OR WIFE <u>Mattie W. Delet</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. B. J. Pasche</u> ADDRESS <u>R. 2 No. 2 Jarvisburg</u>	
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) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>52 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardio Vasculor Renal Disease</u> <u>4 years</u> DUE TO (c) <u>Diabetes Mellitus</u> <u>9 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>no operations</u>	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 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 <u>June</u> , 19 <u>48</u> to <u>July 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 19</u> , 19 <u>49</u> , and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. D. Neo. R. Watkins M.D.</u>		23b. ADDRESS <u>Jarvisburg, Mo.</u>	23c. DATE SIGNED <u>7-21-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>July 22-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jarvisburg, Mo.</u>
DATE REC'D BY LOCAL REG. <u>July 23, 1949</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>	ADDRESS <u>3030</u>

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

RECEIVED 8-1-41

San Diego Health Officer No. 4

San Diego File Number 849-10

Date Filed

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 Alvin W. Hood

Signed
Student Embalmer

Licensed Embalmer No. 2780

P. O. Address 303 Crown St - Hart Precinct

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.

[Handwritten signature]