

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED AUG 31 1949

State File No. **27468**

No. 300
10.48

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BIRTH NO. _____		REG. DIST. NO. 227		PRIMARY REG. DIST. NO. 5804		Registrar's No. 27	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY MONROE		a. STATE MISSOURI		b. COUNTY MONROE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL = JACKSON TWP.		c. LENGTH OF STAY (in this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - JACKSON TWP.			
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#3, PARIS				d. STREET ADDRESS (If rural, give location) R.F.D.#3, PARIS			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) Ruth		b. (Middle) I.		c. (Last) JOHNSON		Month) (Day) (Year) AUG. 23, 1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH APR. 16, 1882	
9. AGE (In years last birthday) 77		10. MONTHS 4		11. DAYS 7		12. HOURS 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (State or foreign country) MONROE COUNTY, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Joseph D. Johnson		13b. MOTHER'S MAIDEN NAME MARY Ellen Trusse		14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME B. JOHNSON, R.F.D.#3		ADDRESS PARIS, Mo.	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral apoplexy - 3 strokes				INTERVAL BETWEEN ONSET AND DEATH WIK			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) and nephritis and age							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				334X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>				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) 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 Aug 21, 1949 to Aug 22, 1949 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Melliss Christner D.S.				23b. ADDRESS PARIS, Mo.		23c. DATE SIGNED 8-23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-24-49		24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS, Mo.	
DATE REC'D BY LOCAL REG. 8-24-49		REGISTRAR'S SIGNATURE Elbert Baker M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Speedy Blakey		ADDRESS PARIS, Mo.	

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

JUN 13 1935

RECEIVED AUG 30 1949
District Health Officer No.
District File Number 8-49-15
Date Filed AUG 30 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 E. H. Agnew,.....

Licensed Embalmer No. 4000.....

P. O. Address PARIA, MISSOURI,.....

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.