

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27800

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 298

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Leadwood, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Leadwood</b>	
c. LENGTH OF STAY (In this place) <b>40 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Leadwood, Mo. 1</b>			
3. NAME OF DECEASED a. (First) <b>Floyd</b> b. (Middle) <b>Morgan</b> c. (Last) <b>Johnson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 7, 1949</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 13, 1906</b>
9. AGE (In years last birthday) <b>42</b>		10. MONTHS <b>10</b>	11. DAYS <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lead Mining</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>W. Morgan Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Cloah Huddleston</b>	14. NAME OF HUSBAND OR WIFE <b>Irene Johnson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-03-2783</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Irene Johnson</b>
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, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertensive Cardiovascular disease</b> DUE TO (b) 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 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) (Min.)		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 <b>8-7, 1949</b> to <b>8-7, 1949</b> , that I last saw the deceased alive on <b>8-7, 1949</b> , and that death occurred at <b>10:30 p.m.</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>John W. Huntz</b>		23b. ADDRESS <b>Leadwood, Mo.</b>	
23c. DATE SIGNED <b>8/9/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>8/10/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Leadwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Leadwood, Missouri</b>
DATE REC'D BY LOCAL REG. <b>Aug 10, 1949</b>	REGISTRAR'S SIGNATURE <b>Ethel Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>But. L. Bayer</b>	ADDRESS <b>Leadwood, Mo.</b>

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

RECEIVED 8-16-49

District Health Officer No. 4

District No. Number 849-1096

Date Filed

NOV 1 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 *Burd L. Boyer*

Licensed Embalmer No. 1342/5

P. O. Address Leadwood 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.