

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29051
Registrar's No. 24

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BIRTH NO. _____		REG. DIST. NO. <u>353</u>		PRIMARY REG. DIST. NO. <u>6196</u>		Registrar's No. <u>24</u>		
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If partitioned: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Sherrell</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Sherrell</u>		107		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>North of Tumble Mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-5-49</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>2-14-1872</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?		
<u>Construction</u>	<u>---</u>		<u>Tx</u>			<u>USA</u>		
13a. FATHER'S NAME <u>Richard Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Bradford</u>		13c. NAME OF HUSBAND OR WIFE <u>Eloabeth Johnson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Johnson Tumble Mo</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>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <u>high blood pr.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>33ix</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)		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 <u>1946</u> to <u>Aug 5, 1949</u> , that I last saw the deceased alive on <u>Aug 3, 1949</u> and that death occurred at <u>11:20 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. G. Reed, M.D.</u>				23b. ADDRESS <u>Dickinson, Mo.</u>		23c. DATE SIGNED <u>8/6/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county)			
<u>Burial</u>		<u>8-6-49</u>	<u>Shaler Cem.</u>		<u>Waco Co. Mo</u>			
DATE REC'D BY LOCAL REG. <u>8/8/49</u>		REGISTRAR'S SIGNATURE <u>Mrs. Elvora Hesse</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u>		ADDRESS <u>Dickinson Mo</u>		

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

D-13-49

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

Hubert Ferguson

Signed.....
Student Embalmer

Licensed Embalmer No. *3945*

P. O. Address *Lehigh No*

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.