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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30828

FILED SEP 19 1949

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5590 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Big River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - Big River	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) Gen'l Del. DeSoto, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen'l Del. DeSoto, Mo.		e. STREET ADDRESS Gen'l Del. DeSoto, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) SHERMAN b. (Middle) N.M.N. c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) 9 5 1949		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 9-24-1890	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Welder	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.	11. BIRTHPLACE (State or foreign country) Cape County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Walter Johnson	13b. MOTHER'S MAIDEN NAME Alice Palmer	14. NAME OF HUSBAND OR WIFE Blanche Travis Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Blanche Johnson	ADDRESS DeSoto, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with myocardial insufficiency; auricular fibrillation, uncorrected.		INTERVAL BETWEEN ONSET AND DEATH 18 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			4221

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Sept 4, 1949**, to **Sept 5, 1949**, that I last saw the deceased alive on **Sept 5, 1949**, and that death occurred at **9:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas A. Dornell M.D.	23b. ADDRESS 16 Cayle St. DeSoto, Mo.	23c. DATE SIGNED 9-8-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-8-49	24c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK	24d. LOCATION (City, town, or county) (State) DeSoto Mo.
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DATE REC'D BY LOCAL REG. 9-10-49	REGISTRAR'S SIGNATURE Harlean Mendenhall	25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead	ADDRESS DeSoto, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 1 1950

RECEIVED SEP 14 1949
District Health Officer No. 9,
District File Number _____

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 Andrew England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.