

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

31530

State File No.

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BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 331

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. In institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY OR TOWN <u>Rural Pendleton Twp.</u>		c. CITY OR TOWN <u>Rural Pendleton Twp.</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If local, give location) <u>R-1 Farmington Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>AUGUST</u>		b. (Middle) <u>JOHNSON</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 11, 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb 18, 1866</u>
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>25</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Quarry Operator</u>		12. KIND OF BUSINESS OR INDUSTRY <u>Granite</u>	
13. BIRTHPLACE (State or foreign country) <u>Sweden</u>		14. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. FATHER'S NAME <u>Johan Johnson</u>		16. MOTHER'S MAIDEN NAME <u>Unknown</u>	
17. NAME OF HUSBAND OR WIFE <u>Hilda M Johnson</u>		18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>None</u>	
19. SOCIAL SECURITY NO. <u>Unknown</u>		20. INFORMANT'S SIGNATURE OR NAME <u>Robert W Johnson</u>	
21. ADDRESS <u>Bonne Terre</u>		22. MEDICAL CERTIFICATION	
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) <u>Coronary thrombosis</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
DUE TO (c) <u>Hypertension</u>		<u>6 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>8 yrs.</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)		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>Jan 2, 1944</u> , to <u>Sept 11, 1949</u> , that I last saw the deceased alive on <u>Aug 1, 1949</u> , and that death occurred at <u>9:05 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. J. Whitpain M.D.</u> (Degree or title)		23b. ADDRESS <u>Farmington Mo.</u>	
23c. DATE SIGNED <u>9-13-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 13, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 16, 1949</u>		REGISTRAR'S SIGNATURE <u>Esther Ruel</u>	
25. FURNERAL DIRECTOR'S SIGNATURE <u>Benjamin J. Co</u>		ADDRESS <u>Bonne Terre Mo.</u>	

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

RECEIVED 9-19-49

District Health Officer No. 4

District File Number 949-1218

Date Filed

Dr. W. A. ...

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 *Clarence J. Caywell*

Licensed Embalmer No. *3786*

P. O. Address *Bonne Terre 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.