

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34142**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **2004** Registrar's No. **450**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Crume Rest Home		d. STREET ADDRESS (If rural, give location) R # 1 Box 177	

3. NAME OF DECEASED (Type or Print) a. (First) George	b. (Middle)	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 30, 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 0 Days 14	IF UNDER 28 HRS. Hours 14 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Liberty, Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Leonard Johnson, R # 1, Box 177 Webb City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis, bacterial		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic Hypertrophy, 3rd degree		
	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 checked="" type="checkbox"/> NO <input 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) none m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from **(and was not called to see)** 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 Edward James Sampkins (Degree or title)	23b. ADDRESS Spain Hall Bldg	23c. DATE SIGNED 10-19-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-17-1949	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. 10-21-49	REGISTRAR'S SIGNATURE Ed James Sampkins	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Parker-Hunsaker Mortuary Joplin Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49
Wp

RECEIVED 11-1-49
Jasper County Health Office

County File Number 49-10-849

Date Filed 11-8-49

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.

Student _____
Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. 2219

P. O. Address

Joplin 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.