

FILED OCT 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8666

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8666

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>ST. LOUIS</u>	c. LENGTH OF STAY (in this place) <u>8 DAYS</u>	c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>QUIN</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>BARNARD FREE SKIN & CANCER HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>NR.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) <u>JAMES</u>	b. (Middle) <u>EVANS</u>	c. (Last) <u>JOHNS</u>	(Month) <u>10</u>	(Day) <u>5</u>	(Year) <u>49</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-21-1867</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>14</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>EVANS R. JOHNS</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ARTIE JOHNS (WIFE)</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Fernie E. Johns (SON)</u>	ADDRESS <u>ST. LOUIS, MO.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cachexia</u>		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) <u>Inanition (History of refusal to eat)</u>		
	DUE TO (c) <u>Senile Psychosis</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced Cerebral Arteriosclerosis</u>			

19a. DATE OF OPERATION <u>NONE</u>	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) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>97</u>
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? <u>4570</u>

22. I hereby certify that I attended the deceased from 28 Dec, 1949, to 5 Oct, 1949, that I last saw the deceased alive on 5 Oct, 1949, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter A. Bowers M.D.</u>	(Degree or title)	23b. ADDRESS <u>Barnard Hospital</u>	23c. DATE SIGNED <u>6 Oct 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-7-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clayton McCom</u>	24d. LOCATION (City, town, or county) (State) <u>Clayton Mo</u>
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DATE REC'D BY LOCAL REG. <u>OCT 8 1949</u>	REGISTRAR'S SIGNATURE <u>B. Lacata</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>	ADDRESS <u>Manchester Ave. ST. LOUIS 10, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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.....

J. Allen Davis Jr.
Licensed Embalmer No. *4053*
P. O. Address *St Louis 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.