

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40156**

FILED JAN 8 1950

BIRTH NO. _____ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5113** Registrar's No. **84**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)	
a. COUNTY <i>Bollinger</i>	b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural - Union Township</i>	c. LENGTH OF STAY (in this place) <i>87 yrs</i>	a. STATE <i>Missouri</i> b. COUNTY <i>Bollinger</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5 mi. N.W. of Patton Jet-1</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural - Union Township</i>	
		d. STREET ADDRESS (If rural, give location) <i>5 mi. N.W. of Patton Jet.</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Rachel</i>	b. (Middle) <i>Minnie</i>	c. (Last) <i>Johnson</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 24, 1949</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Nov. 29, 1862</i>	9. AGE (In years last birthday) Months Days Hours Min. <i>87</i> <i>0</i> <i>25</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Bollinger co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Adam Fadler</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>G.W. Johnson (deceased)</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Perry Johnson - Fredericktown, Mo.</i>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Tuberculous Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>3 weeks</i> <i>490A</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral Emboli</i>		
	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 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) (Min.)	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 *Dec 4, 1949*, to *Dec 24, 1949*, that I last saw the deceased alive on *Dec 24, 1949*, and that death occurred at *8:22 P.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. C. Blount, M.D.</i>	(Degree or title)	23b. ADDRESS <i>135 W. Main Fredericktown, Mo.</i>	23c. DATE SIGNED <i>Dec 26 49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12-27-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lutheran Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Youst, Bollinger co. Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Dec 28, 1949</i>	REGISTRAR'S SIGNATURE <i>Willie Van Amburgh</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Webb - Adamson - Fredericktown, Mo.</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

780

RECEIVED 1-3-50

Health Officer No. 4
License Number 150-6
Filed

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 *Volgian Adamson*

Licensed Embalmer No. 4351

P. O. Address *Fredericktown*

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.