

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40499

BIRTH NO. _____ REG. DIST. NO. 39 PRIMARY REG. DIST. NO. 4105 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Peculiar Mo.</u> b. COUNTY <u>Cass.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peculiar Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peculiar Mo</u>	
c. LENGTH OF STAY (in this place) <u>9 years</u>		d. STREET ADDRESS (If rural, give location) <u>West part of town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>JULIA</u>	b. (Middle) <u>ETTA</u>	c. (Last) <u>JOHNSON</u>	<u>Dec. 25-1949</u>		

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 8-1877</u>	9. AGE (In years last birthday) <u>72</u>	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) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (State or foreign country) <u>Walkertown Kans. Bourbon Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Thomas Toler</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ward</u>	14. NAME OF HUSBAND OR WIFE <u>Abram Johnson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Abram Johnson</u>	ADDRESS <u>Peculiar 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetic Coma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) <u>Died in sleep</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral arteriosclerosis</u>		<u>2 1/2 hr</u>	

19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>	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 June 15, 1947 to Dec 23, 1949, that I last saw the deceased alive on December 23, 1949, and that death occurred at 8 A.M., from the causes and on the date stated above. ✓

23a. SIGNATURE (Degree or title) <u>Walter V. Robinson, M.D.</u>	23b. ADDRESS <u>Peculiar, Mo</u>	23c. DATE SIGNED <u>12/26/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paint Creek near Fort Scott Kans</u>	24d. LOCATION (City, town, or county) (State) <u>4 miles west</u>
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DATE REC'D BY LOCAL REG. <u>Dec 27, 1949</u>	REGISTRAR'S SIGNATURE <u>Russell Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u>	ADDRESS <u>Cleveland Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 15 1954

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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland 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.