V.S. No. 300
Rev. 10.48

FILED JAN 16

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40539

State File No.

BIRTH NO. REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5261 Registrar's No. 30

22 0 4

1. PLACE OF DEATH
a. COUNTY: Christian
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bradleyville, R, Garrison
c. LENGTH OF STAY (In this place): 4yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Christian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bradleyville, Rural, Garrison
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Sylvester
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): 12-9-49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 12-29-86
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Stave Mill
11. BIRTHPLACE (State or foreign country): Douglas Conty, Roy, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Sigel Johnson
13b. MOTHER'S MAIDEN NAME: Rilda Henderson
14. NAME OF HUSBAND OR WIFE: Emma Miller Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: x Pastor Sylvester Johnson mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary — INTERVAL BETWEEN ONSET AND DEATH: Known 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
NONE

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Oct, 1949, *to* 9 Dec, 1949, *that I last saw the deceased alive on* 25 Nov, 1949 *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L D Rowe (Degree or title): M.D.
23b. ADDRESS: Ozark, Mo.
23c. DATE SIGNED: 16 Dec '49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-13-49
24c. NAME OF CEMETERY OR CREMATORY: Goodhope
24d. LOCATION (City, town, or county) (State): Goodhope, Missouri

DATE REC'D BY LOCAL REG.: Dec 31-49
REGISTRAR'S SIGNATURE: Lillie Barr 58 0
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 6 1950

RECEIVED JAN 9 1950
District Health Office No. 6,
District File Number 150-52
Date Filed 1-11-50

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.