

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1473

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5574 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Van Buren		c. LENGTH OF STAY (If in this place) 47 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 miles N.E. Pleasant Hill, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) 5 miles N.E. Pleasant Hill, Mo. d. STREET ADDRESS (If rural, give location) VanBuren Township	
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) Warren	
c. (Last) Johnson		4. DATE OF DEATH (Month) 1 (Day) 14 (Year) 50	
5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-18-1866	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during week immediately prior to death, if retired) Farmer	
11. BIRTHPLACE (State or foreign country) Hayworth Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James C. Johnson		13b. MOTHER'S MAIDEN NAME Elizabeth Hargett	
14. NAME OF HUSBAND OR WIFE Jennie Johnson		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. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Jennie Johnson ADDRESS Green Wood, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia, rt. Chronic prostatism DUE TO (c) Cerebral accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION N.A.		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) N.A.	
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) N.A.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-8, 1947, to 1-14-50, 1950, that I last saw the deceased alive on 1-14, 1950, and that death occurred at 6:50 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Wm. E. ... M.D.</i>		23b. ADDRESS Pleasant Hill, Mo.	
23c. DATE SIGNED 1-14-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #7	
24b. DATE 1-15-50		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill	
24d. LOCATION (City, town, or county) Pleasant Hill, Mo.		24e. (State)	
DATE REC'D BY LOCAL REG. JAN. 14, 1950		REGISTRAR'S SIGNATURE <i>Samuel C. ...</i>	
25. GENERAL DIRECTOR'S SIGNATURE <i>Allen ...</i>		ADDRESS	

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

0480

JAN 23 1950

JAN 26 1950

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 _____

By me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *Allen Brownfield*

Licensed Embalmer No. *37855*

P. O. Address *Pleasant Hill*

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.