

FILED FEB 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5387

State File No.

Registrar's No. 14

BIRTH NO.		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 5725		State File No.	
1. PLACE OF DEATH a. COUNTY <u>Macon, Macon County, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY OR TOWN <u>Macon, Mo. Hudson</u>		LENGTH OF STAY (in this place) <u>21 days</u>		c. CITY OR TOWN <u>Queen City, Mo.</u>		0960 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5617-1/2 Hitchcock Osteopathic San.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elijah</u> b. (Middle) <u>M.</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1950</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>1-25-1876</u>	
9. AGE (In years last birthday) <u>73</u>		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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Schuyler Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Elias Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Louancha Bozorth</u>		14. NAME OF HUSBAND OR WIFE <u>Lenora Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>Spanish-American</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ward Johnson</u> ADDRESS <u>Queen City, Mo.</u>			
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) <u>Branchial Prolongation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralysis Agitans</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 years</u> <u>352X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMEICIDE (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 <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 <u>Dec. 21, 1949</u> , to <u>Jan. 15, 1950</u> , that I last saw the deceased alive on <u>Jan. 15, 1950</u> , and that death occurred at <u>9:10A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. H. Still</u>				23b. ADDRESS <u>Macon Mo.</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/15/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Benevolent</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City, Mo.</u>	
DATE/REC'D BY LOCAL REG. <u>2/11/50</u>		REGISTRAR'S SIGNATURE <u>Walter Mcneely</u>		1950 PUNERAL DIRECTOR'S SIGNATURE <u>Wm J. West</u>		ADDRESS <u>Queen City, Mo.</u>	

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

MAR 11 1950

RECEIVED 2/14/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 2/20/29
Date Filed 2/15/50

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.

Signed _____

Wm A. A. A.

Signed _____

Student Embalmer

Licensed Embalmer No. 2582

P. O. Address _____

Lucas City, W.

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.