

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5108 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Benton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Williams Township		c. LENGTH OF STAY (In this place) 4 Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Williams Township		0080
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 S. W. Cole Camp, Mo.			d. STREET ADDRESS (If rural, give location) 3 M. S. W. Cole Camp, Mo.		

3. NAME OF DECEASED (Type or Print) a. (First) Fred Elmer b. (Middle) Johnso c. (Last) n			4. DATE OF DEATH (Month) (Day) (Year) March 11, 1950		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 22, 1885		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 0 Days 19	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) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Morgan Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME David Johnson		13b. MOTHER'S MAIDEN NAME Malindia Riggs		14. NAME OF HUSBAND OR WIFE Ellis Wilson Johnson			
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Rhoda Preistmeyer ADDRESS Cole Camp, Mo.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b) Hypostatic Pneumonia			
				DUE TO (c) Essential Hypertension			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Supplementary report)				444 X	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION No Operation		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Benton, Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no injury		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 3-10, 1950, to 3-11, 1950, that I last saw the deceased alive on 3-11, 1950, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE R.W. Moulton (Degree or title) N.O.		23b. ADDRESS Cole Camp, Mo		23c. DATE SIGNED 3-13-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 15-50		24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery		24d. LOCATION (City, town, or county) (State) Versailles, Missouri	
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DATE REC'D BY LOCAL REG. MAR 13 - 1950		REGISTRAR'S SIGNATURE E. H. Eickhoff 394		25. FUNERAL DIRECTOR'S SIGNATURE M. T. Caldwell ADDRESS Versailles, Mo.			
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(Lic. and Embalmer's Statement on Reverse Side)

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

MAR 24 1950

RECEIVED
District Health Officer No. 71
District File Number 2-50-242
Date Filed 3-21-50

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

Raymond C. Foster

Licensed Embalmer No. 4626

P. O. Address Versailles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.