

S. No. 300  
V. 10.48

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7979

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5232 Registrar's No. 36

0190

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

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Township</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi. N.E. Cleveland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 mi. N. E. Cleveland</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi. N.E. Cleveland</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Basil</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Johnson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1950</u>
--	-----------------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 26, 1896</u>	9. AGE (In years last birthday) <u>53</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>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Paola, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	--

13a. FATHER'S NAME <u>John Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Coughlin</u>	14. NAME OF HUSBAND OR WIFE <u>Belle W. Johnson</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. B. J. Johnson, Cleveland, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>ONE DAY</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION, ACUTE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY ARTERIO SCLEROSIS</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>OLD PULMONARY TUBERCULOSIS, LEFT APEX</u>		15 YRS.	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	---

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) <u>UNION TWP, Cass, Mo.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ <u>NONE</u>	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 MARCH 13, 1950, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on MARCH 13, 1950, and that death occurred at 2:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Herbert A. Tracy, M.D.</u>	23b. ADDRESS <u>BELTON, Mo.</u>	23c. DATE SIGNED <u>3/13/50</u>
---	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Mar. 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paola</u>	24d. LOCATION (City, town, or county) (State) <u>Paola, Kansas</u>
--	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>March 15, 1950</u>	REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. T. George &amp; Sons, Belton, Mo.</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

**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 A. H. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.