

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9465

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5638 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Laffayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laffayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Linn-a-bas"</u>		c. LENGTH OF STAY (In this place) <u>3 Yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 Mi. S. E. Oak Grove</u>		d. STREET ADDRESS (If rural, give location) <u>6 Mi. S. E. Oak Grove</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sichia</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 11 50</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Apr. 29 1890</u>			9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ray County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Anderson Sharp</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Nelson</u>		14. NAME OF HUSBAND OR WIFE <u>Elbert Johnson</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elbert Johnson Oak Grove, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> <u>10 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION			

19b. MAJOR FINDINGS OF OPERATION		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) _____		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 Sept 14, 1949, to Mar 10, 1950; that I last saw the deceased alive on Mar 10, 1950, and that death occurred at 2:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Williams M.D.</u>		23b. ADDRESS <u>Oak Grove Mo</u>		23c. DATE SIGNED <u>3-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Oak Grove, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Mar. 11-50</u>		REGISTRAR'S SIGNATURE <u>Letta Drummond</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen Crawford Pleasant Hill, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0540

1540

331X

RECEIVED MAR 17
District Health Officer No. 8,
District File Number _____
Date Filed 3-22-50

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 _____

By me _____

working under my personal supervision.

Student Embalmer No.

Signed Glenn H. Hill _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4586

P. O. Address Pleasant Hill, 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.