No. 300
10.48

170

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12248

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 5201 Registrar's No. 2

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

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Dewitt
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Dewitt
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle): Virginia
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): 4/1/50

5. SEX: F
6. COLOR OR RACE: N
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/28/1856
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months 3, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Brunswick, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: George Watts
13b. MOTHER'S MAIDEN NAME: Phillis (unk.) Watts
14. NAME OF HUSBAND OR WIFE: Charles Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Chas. Johnston — ADDRESS: Dewitt, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis of Lungs — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
002X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1950, *to* 4-1, 1950, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Hamilton Staton, M.D.
23b. ADDRESS: Carrollton, Mo
23c. DATE SIGNED: 4-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/5/50
24c. NAME OF CEMETERY OR CREMATORY: Dewitt African
24d. LOCATION (City, town, or county) (State): Dewitt, Missouri.

DATE REC'D BY LOCAL REG.: 4/10/1950
REGISTRAR'S SIGNATURE: Pearl Koch 47
25. FUNERAL DIRECTOR'S SIGNATURE: Marshall Funeral Home — ADDRESS: Carrollton

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 12
District Health Officer No. 8,

District File Number
Date Filed 4-24-50

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 R. M. Marshall

Licensed Embalmer No. 4469

P. O. Address Carrollton

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.