

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12304

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 418 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY *Christian County Mo.*

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE *Mo.* COUNTY *Christian*

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Sparta Mo.* c. LENGTH OF STAY (in this place) *10 years*

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Sparta Mo.* *0220*

d. FULL NAME OF HOSPITAL OR INSTITUTION *Residence Sparta Mo.* d. STREET ADDRESS (If rural, give location) *Sparta Mo.*

3. NAME OF DECEASED
a. (First) *Minnie* b. (Middle) *Florence* c. (Last) *Johnson*

4. DATE OF DEATH (Month) (Day) (Year) *April - 28 - 1950*

5. SEX *Female* 6. COLOR OR RACE *white* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *widow* 8. DATE OF BIRTH *July 27 1875* 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. *74 yrs*

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

13a. FATHER'S NAME *Robert Smith* 13b. MOTHER'S MAIDEN NAME *Mary Walker* 14. NAME OF HUSBAND OR WIFE *Deceased*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) *no* (If yes, give year or dates of service) *no* 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Dry Johnson Sparta Mo*

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Cerebral Hemorrhage*
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) *Arteriosclerosis*
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 *2 years.*

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) _____ 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 *April*, 1949, to *April - 28*, 1950, that I last saw the deceased alive on *April - 27*, 1950, and that death occurred at *4: A. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *D. S. Warren, M.D.* 23b. ADDRESS *Sparta, Mo.* 23c. DATE SIGNED *May 2-50*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *April 30 1950* 24c. NAME OF CEMETERY OR CREMATORY *Sparta County* 24d. LOCATION (City, town, or county) (State) *Christian County Mo*

DATE REC'D BY LOCAL REG. *May 3 - 50* REGISTRAR'S SIGNATURE *Lillie Barr 58* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *T. B. Chaffin, Ozark, Mo.*

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

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RECEIVED MAY 4 1950

District Health Office No. 3

District File Number 550-842

Date Filed 5-5-50

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 T. B. Cheffin.....

Licensed Embalmer No. 2192.....

P. O. Address Ozark 710.....

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.