

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13981

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 3908 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Remick</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <u>Missouri</u> b. COUNTY <u>Remick</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Holland rural</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Holland rural</u>		d. STREET ADDRESS (If rural, give location) <u>Holland Rv. P.</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Holland Rv. P.</u>			d. STREET ADDRESS (If rural, give location) <u>Holland Rv. P.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Johnson</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4-24-50</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>unknown</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Miss</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <u>Annie Lee 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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Famine Hunt</u> ADDRESS <u>Cautheville</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Hemorrhage</u>	DUE TO (b) <u>Hypertension</u>				<u>18 hrs</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Chronic Glomerular Nephritis</u>				<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)					<u>592X</u>
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) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 <u>Feb 18</u> , 19 <u>50</u> to <u>April 22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>April 22</u> , 19 <u>50</u> and that death occurred at <u>1:25 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>F. W. Luke M.D.</u> (Degree or title) _____			23b. ADDRESS <u>Cautheville, Mo</u>		23c. DATE SIGNED <u>April 25, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-26-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Steele, Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-3-50</u>	REGISTRAR'S SIGNATURE <u>S. O. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Samuel ...</u>		ADDRESS <u>Steele, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

5-50-136

Pemiscot County Health Department

MAY 8 1955

Pemiscot County Health Department

**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

*John H. German*

Licensed Embalmer No. *1355*

P. O. Address *Hayti, 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.