S. No. 300
v. 10.48

FILED JUN 27 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20761

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5621 Registrar's No. 37

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

0520

**1. PLACE OF DEATH**
a. COUNTY: Knox
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Lyon Twp
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 mi NW Hurdland

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Knox
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Lyon Twp 0520
d. STREET ADDRESS (If rural, give location): 2 mi NW Hurdland

**3. NAME OF DECEASED** (Type or Print): a. (First) Andrew b. (Middle) Adam c. (Last) Johnson

**4. DATE OF DEATH** (Month) June (Day) 10 (Year) 1950

**5. SEX:** male 0

**6. COLOR OR RACE:** W

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): never married 0

**8. DATE OF BIRTH:** 2/15 1867

**9. AGE** (In years last birthday): 83 — 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): farmer

**10b. KIND OF BUSINESS OR INDUSTRY:** Gen. farming

**11. BIRTHPLACE** (State or foreign country): Centerville, Iowa

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME:** Andy Johnson

**13b. MOTHER'S MAIDEN NAME:** Nancy Good

**14. NAME OF HUSBAND OR WIFE:** never married

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Treasa Holcomb Hurdland, Mo.

**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) Decubitus & infection — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Senile general degeneration

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 715X

**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* ——, 19__ *to* ——, 19__, *that I last saw the deceased alive on* June 9, 1950, *and that death occurred at* 9:30A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H. G. Schuetz D.O.F.

**23b. ADDRESS:** Kirksville Mo

**23c. DATE SIGNED:** 6/11/50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial

**24b. DATE:** 6/12 1950

**24c. NAME OF CEMETERY OR CREMATORY:** Linville Cemetery

**24d. LOCATION** (City, town, or county) (State): Edina Mo

**DATE REC'D BY LOCAL REG.:** June 22-50

**REGISTRAR'S SIGNATURE:** Neil S. Hurnall 151

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Geo B Easley Jr Hurdland Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 26 1950
District Health Officer No. 1
District File Number 6-50-1026
Date Filed JUN 26 1950

## 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 Geo B Earley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurlock Md

**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.**