

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22229

State File No. \_\_\_\_\_

FILED JUL 1 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 1532

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Maplewood, Mo.</u> )	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood, Mo.</u>	<u>4534</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		d. STREET ADDRESS (If rural, give location) <u>7357 Gayola Place</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Edwin</u>	c. (Last) <u>Johnson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 11, 1860</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR (Month) (Day) <u>5 10</u>	IF UNDER 6 HRS. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mineral County West Va.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Abramham Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Parker</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Irene Wagoner</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 <u>Miss Ella Mae Johnson</u> <u>Maplewood, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 hour</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a). <u>mesenteric thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6-20, 1950, to 6-21, 1950, that I last saw the deceased alive on 6-21, 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Macon M.D.</u>	23b. ADDRESS <u>7188 Manchester</u>	23c. DATE SIGNED <u>6-22-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6/24/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Plains Mo Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-22-50</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Doube</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Jay O. Smith</u> ADDRESS <u>7456 Manchester, Maplewood Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. Allen Davis Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *14053*

P. O. Address *St. Louis, 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.