FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22914

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 290

0120

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Beaver Dam Twship
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 Mo
b. COUNTY Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Beaver Dam Township
d. STREET ADDRESS (If rural, give location) Rural 0120

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

4. DATE OF DEATH (Month) (Day) (Year) June 29-1950

5. SEX Male
6. COLOR OR RACE Col
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH unknown
9. AGE (In years last birthday) about 70 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
11. BIRTHPLACE (State or foreign country) Miss.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE

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 Owen H. Whitfield ADDRESS Poplar Bluff

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) Cancer Penis — INTERVAL BETWEEN ONSET AND DEATH 2

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.

179X

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* June 27, 1950, *to* June 27, 1950, *that I last saw the deceased alive on* June 27, 1950, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Alfred R Rowe MD
23b. ADDRESS Poplar Bluff Mo
23c. DATE SIGNED June 30-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 1-1950
24c. NAME OF CEMETERY OR CREMATORY Cropperville
24d. LOCATION (City, town, or county) (State) Butler County Mo

DATE REC'D BY LOCAL REG. July 17-1950
REGISTRAR'S SIGNATURE Wm. H. Johnson 428 1
25. FUNERAL DIRECTOR'S SIGNATURE No Funeral Director ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 27 1950
BUTLER CO. HEALTH CENTER
FILE No. 750317

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. Not Embalmed

Student .....
Student Embalmer

Signed George W. Greer

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff

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.