

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23861

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3131 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jeff.</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Desoto</u>)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Desoto</u>	
c. LENGTH OF STAY (in this place) <u>18 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>901 Kenneth St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. Jordan St.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BENNIE</u>	b. (Middle) <u>-</u>	c. (Last) <u>JOHNSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1950</u>
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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>Aug. 4 1894</u>	9. AGE (in years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware Store</u>	11. BIRTH PLACE (State or foreign country) <u>Stone City Ark.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andy S. Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Johnson</u>	13c. NAME OF HUSBAND OR WIFE <u>Paul Johnson</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)	16. SOCIAL SECURITY NO. <u>499-03-6160</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Johnson</u>	ADDRESS <u>Desoto 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HEMORRHAGE of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5983X</u>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>E. J. ACHIM</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>DE SOTO JEFFERSON MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>JULY 8 1950 PM 12:45</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to 8 JULY, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Donald B. Dietrich</u> (Degree or title)	23b. ADDRESS <u>Desoto Mo</u>	23c. DATE SIGNED <u>7/8/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 12 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Desoto Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-13-50</u>	REGISTRAR'S SIGNATURE <u>Marie Farrer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Donald B. Dietrich</u>	ADDRESS <u>Desoto Mo</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

0502

0502

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-17-56

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 *Donnell B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address *De Soto 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.