

FILED AUG 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24449

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural * Femme Osage Twp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural * Femme Osage Twp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0930</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>Franklin</b> c. (Last) <b>Johnson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 22 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 20, 1860</b>
9. AGE (In years last birthday) <b>90</b>		10. MONTHS <b>2</b>	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Henry Johnson</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy Disheus</b>		14. NAME OF HUSBAND OR WIFE <b>Elizabeth Bates</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harvey Bacon</b> ADDRESS <b>Defiance Mo</b>
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>MYOCARDIAL DEGENERATION</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>HYPERTENSION</b> DUE TO (c) <b>ARTERIO SCLEROSIS</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>443A</b>	
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) m.		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 <b>Nov. 12, 1949</b> , to <b>July 22, 1950</b> , that I last saw the deceased alive on <b>July 22, 1950</b> , and that death occurred at <b>4 P m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W.E. Bargesen</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Wentzville, Mo.</b>	23c. DATE SIGNED <b>8-23-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-25-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anderson</b>	24d. LOCATION (City, town, or county) (State) <b>St Charles Mo</b>
DATE REC'D BY LOCAL REG. <b>July 25, 1950</b>	REGISTRAR'S SIGNATURE <b>Mrs Viola Fleussmeier</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marion Muechler</b> ADDRESS <b>Wentzville Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Marvin M. Muesel*.....

Licensed Embalmer No. *24610*.....

P. O. Address *Wentzville, 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.