No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1950

State File No. 25710

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 51

1. PLACE OF DEATH
a. COUNTY: Ste Genevieve
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Ste. Genevieve
c. LENGTH OF STAY (In this place): 2½ yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weingarten Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ste. Genevieve
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Ste. Genevieve
d. STREET ADDRESS (If rural, give location): Weingarten, Mo.

0950

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

4. DATE OF DEATH (Month) (Day) (Year): July 29 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 27, 1894
9. AGE (In years last birthday): 56
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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Howell County Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Johnson
13b. MOTHER'S MAIDEN NAME: Rella Sheatery
14. NAME OF HUSBAND OR WIFE: Dellia Counts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ____
16. SOCIAL SECURITY NO.: 499-03-6370
17. INFORMANT'S SIGNATURE OR NAME: Otto Carver
ADDRESS: 2706 Rutger St. St. Louis, 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) Multiple Fractures of Skull — INTERVAL BETWEEN ONSET AND DEATH: ____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed Chest and — 5 & 24
DUE TO (c) Punctured Lungs — 32

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Abrasions of Face + Limbs

19a. DATE OF OPERATION: ____
19b. ~~MAJOR FINDINGS OF OPERATION~~: Car Skidded - Door Opened 0120
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 67
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 10 Miles North of Popular Bluff, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 29 1950 8 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Thrown out of Auto

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leo C Basler (Degree or title): Coroner
23b. ADDRESS: Ste Genevieve, Mo.
23c. DATE SIGNED: 7/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-31-50
24c. NAME OF CEMETERY OR CREMATORY: Reynolds + Corridon
24d. LOCATION (City, town, or county) (State): Corridon Mo.

DATE REC'D BY LOCAL REG.: 7-31-50
REGISTRAR'S SIGNATURE: L D. Karl per Teresa M. Karl
25. FUNERAL DIRECTOR'S SIGNATURE: Leo C Basler
ADDRESS: Ste Genevieve, Mo.

(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.

Signed Adrian J. Eckler

Signed .....
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, M

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.