

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27395**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **172** PRIMARY REG. DIST. NO. **272** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Waverly</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Waverly</b>	
c. LENGTH OF STAY (In this place) <b>32 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWIN</b>	b. (Middle) <b>J.</b>	c. (Last) <b>JOHNSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 7 1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MARCH 10, 1882</b>	9. AGE (In years last birthday) <b>68</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GOVERNMENT EMPLOYEE</b>	11. BIRTHPLACE (State or foreign country) <b>SWEDEN</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>RIVER NAVIGATION</b>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>JOHN JOHNSON</b>	13b. MOTHER'S MAIDEN NAME <b>JOHANNA JOHNSON</b>	14. NAME OF HUSBAND OR WIFE <b>MRS MINNIE JOHNSON</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ALBERT D. JOHNSON</b> ADDRESS <b>KANSAS CITY, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage (Acute)</b>		<b>2 hrs</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Coronary Occlusion Acute</b>		<b>2 hrs</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)	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 **Sept 7, 1950** to **Sept 7, 1950** that I last saw the deceased alive on **Sept 7, 1950**, and that death occurred at **9:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Douglas Kelling, M.D.</b>	23b. ADDRESS <b>Waverly, Mo</b>	23c. DATE SIGNED <b>9-7-58</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>SEPT 10, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Waverly Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Waverly, Mo</b>
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DATE REC'D BY LOCAL REG. <b>Sept 9-1950</b>	REGISTRAR'S SIGNATURE <b>Clayton Landrum</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>E.L. James</b> ADDRESS <b>Camden, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

540  
1

SEP 20 1950

RECEIVED 9-12-50  
DISTRICT HEALTH OFFICE No. 3  
District File Number \_\_\_\_\_  
Date Filed 9-12-50

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia 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.