

No. 300
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FILED SEP 11 1950 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27413

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5646 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Lawrence County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marionville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R1 Marionville Pleasant Valley Tws. 0550	
d. FULL NAME OF HOSPITAL OR INSTITUTION BUCK PRAIRIE TWP		d. STREET ADDRESS BUCK PRAIRIE TWP 0	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Johnson		4. DATE OF DEATH Aug. 27, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 14, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	9. AGE (In years last birthday) 74 if UNDER 1 YEAR: Months 9 Days 13 if UNDER 24 HRS. Hours 13 Min.
11a. BIRTHPLACE (State or foreign country) Lawrence Co. Missouri.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Loney Johnson		13b. MOTHER'S MAIDEN NAME Malinda Brashers	
14. NAME OF HUSBAND OR WIFE Augusta Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Oka Johnson, Marionville, Mo.		ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH Noted on ANTECEDENT CAUSES Chronic sclerosis 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. 4 1/2	
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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY		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 1946 to April 27, 1950 , that I last saw the deceased alive on August 17, 1950 , and that death occurred at 12 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE A. P. Corbett (Degree or title) M.D.		23b. ADDRESS Beers, Mo.	
23c. DATE SIGNED ASR 50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 30/50	
24c. NAME OF CEMETERY OR CREMATORY Mt Olive Cemetery		24d. LOCATION (City, town, or county) (State) Marionville Mo	
DATE REC'D BY LOCAL REG Aug 31-50		REGISTRAR'S SIGNATURE 157 Oss Mc Natt	
25. FUNERAL DIRECTOR'S SIGNATURE J.B. Surridge		ADDRESS Marionville Mo	

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

(Licensed Embalmers' Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 6 1950

Dist. File _____
Date Filed _____

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 Herman Surridge
Licensed Embalmer No. _____

P. O. Address _____

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.