

FILED SEP 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27503

State File No.

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 5739 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Meon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Richland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Roseville 8120</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Elmer</u> b. (Middle) <u>Taylor</u> c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 14 1950</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 8, 1868</u>
9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>6</u>	11. BIRTHPLACE (State or foreign country) <u>Warren Co. Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	
13a. FATHER'S NAME <u>William Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Lizabeth Becker</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>no.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert Johnson</u>		ADDRESS <u>La Plata, Mo.</u>	
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) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis & Hypertensive</u> DUE TO (c) <u>HT disease</u> 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 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) (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 <u>8/14</u> , 19 <u>50</u> , to <u>8/14</u> , 19 <u>50</u> that I last saw the deceased alive on <u>8/14</u> , 19 <u>50</u> , and that death occurred at <u>6:30 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. Robert Kuapp, M.D.</u>		23b. ADDRESS <u>La Plata, Mo.</u>	
23c. DATE SIGNED <u>8/14/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 10, 50.</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Roseville</u>		24d. LOCATION (City, town, or county) (State) <u>Roseville Ill.</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 16 - 50</u>		REGISTRAR'S SIGNATURE <u>Mrs. O. B. Griffin</u> 186	
		FUNERAL DIRECTOR'S SIGNATURE <u>D. S. Christie</u> ADDRESS <u>La Plata, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0610

SEP 6 1950

(2)

RECEIVED 8/24/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 950-165
Date Filed 9/2/50

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

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed D. S. Krutts

Licensed Embalmer No. 1109

P. O. Address La Plata 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.