

No. 300  
10. 48

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34045**

0570  
3

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5675</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Hurricane Township</b>			c. LENGTH OF STAY (in this place) <b>1 hour</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Elsberry</b>			<b>0570</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1 1/2 miles west of Elsberry</b>				d. STREET ADDRESS (If rural, give location) <b>South Seventh St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALONZO</b>		b. (Middle) <b>CHESTER</b>		c. (Last) <b>JOHNSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 3, 1950</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>never married</b>	8. DATE OF BIRTH <b>Sept. 2, 1940</b>		9. AGE (In years last birthday) <b>9</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Elementary School</b>		11. BIRTHPLACE (State or foreign country) <b>Elsberry, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Wallace Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Dorothy Douglas</b>		14. NAME OF HUSBAND OR WIFE <b>none</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 ADDRESS <b>Wallace Johnson Elsberry, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidental Drowning to deep of water.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>89298</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Step off in deep water &amp; could</b>					<b>42</b>	
	DUE TO (c) <b>Water &amp; could</b>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>not severe</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Elsberry Lincoln Mo</b>			
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? <b>Step off in deep water</b>			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. E. L. ...</b>				23b. ADDRESS <b>Tracy, Mo.</b>		23c. DATE SIGNED <b>7.8.50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 5, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hayes Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>RFD - Elsberry, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>7/20/50</b>		REGISTRAR'S SIGNATURE <b>Mrs. J. A. Dwyer</b>		EMERALD DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>Elsberry, Mo.</b>	

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

NOV - 7 1950

RECEIVED

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 \_\_\_\_\_

*Charles H. ...*

Licensed Embalmer No. \_\_\_\_\_

4012

P. O. Address \_\_\_\_\_

Esleberry, 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.