

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34383

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 5957 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Pike</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pike</i>	
b. CITY OR TOWN <i>Paysonville</i> c. LENGTH OF STAY (in this place) <i>Cemetery</i>		c. CITY OR TOWN <i>Paysonville</i> d. STREET ADDRESS (If rural, give location) <i>0872</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Nelson</i> b. (Middle) <i>John</i> c. (Last) <i>Johnson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct ' 71 1950</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1-15-1875</i>
9. AGE (In years last birthday) <i>75</i> Months <i>10</i> Days <i>6</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <i>Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Thirina Johnson</i>		13b. MOTHER'S MAIDEN NAME <i>Amanda Scott</i>	
14. NAME OF HUSBAND OR WIFE <i>Biddie Johnson</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. E. J. Lawson, Jr. Pauline</i>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease</i>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Generalized arteriosclerosis</i>	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		<i>Diabetes Mellitus</i>	
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) <i>Paysonville Pike Mo.</i>			
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?			
22. I hereby certify that I attended the deceased from <i>10-7-1950</i> , to <i>10-17-1950</i> , that I last saw the deceased alive on <i>10-17-1950</i> , and that death occurred at <i>7 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>John H. Hooker, M.D.</i> (Degree or title)		23b. ADDRESS <i>Clarksville, Mo.</i>	
23c. DATE SIGNED <i>10-23-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Oct 24-50</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Rainey Creek</i>		24d. LOCATION (City, town, or county) (State) <i>Clarksville Mo</i>	
DATE REC'D BY LOCAL REG <i>Oct 25-1950</i>		REGISTRAR'S SIGNATURE <i>Lude Richard</i> (Signature)	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Harvey Larson</i>		ADDRESS <i>Clarksville Mo</i>	

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

Date Received: OCT 30 1950
DISTRICT HEALTH OFFICE #
District File Number 10-50-1
Date Filed: OCT 31 1950

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.....

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.