

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1044

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>444 West Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Springfield Baptist Hospi.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecil</u> b. (Middle) <u>D.</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 25 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 23, 1893</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber</u>	11. BIRTHPLACE (State or foreign country) <u>Ottawa, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Charlie Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Jewell Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Jewell Johnson, Springfield, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Massive Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Ruptured Esophageal Varix</u> DUE TO (c) <u>-</u>			INTERVAL BETWEEN ONSET AND DEATH <u>46 21</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>-</u>			
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) <u>-</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>-</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>	

22. I hereby certify that I attended the deceased from Nov 25, 1948, to 25 Nov, 1950, that I last saw the deceased alive on 25 Nov, 1950, and that death occurred at 9:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Stanley A. Peterson M.D.</u>	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>27 Nov 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 28, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Danforth Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Springfield, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-28-50</u>	REGISTRAR'S SIGNATURE <u>W E Handley M D</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyer, Springfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 01901

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 *Lee Mason*

Licensed Embalmer No. *45-68*

P. O. Address *Springfield, 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.