S. No. 300
v. 10.48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1950

State File No. 39760

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 5061 Registrar's No. 84

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

**1. PLACE OF DEATH**
a. COUNTY: Barry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Verona, Rural, Pleasant Ridge (Twp.)
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry 0050
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Verona, Rural, Pleasant Ridge
d. STREET ADDRESS (If rural, give location): Southwest Verona, Mo.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Sophia
b. (Middle): Louise
c. (Last): Johnson

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 18, 1950

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Sept. 10, 1878
**9. AGE** (In years last birthday): 72 — IF UNDER 1 YEAR: Months 2, Days 8 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Verona, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Andrew Pearson
**13b. MOTHER'S MAIDEN NAME**: Louise Johnson
**14. NAME OF HUSBAND OR WIFE**: August W. Johnson (Dec)

**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**: P. A. Spencer — ADDRESS: Verona, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemmorhage. Rt motor arm — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Cardio Vascular renal disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 442X

**19a. DATE OF OPERATION**: None
**19b. MAJOR FINDINGS OF OPERATION**: None
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jun. 23, 1949, *to* Nov. 18, 1950, *that I last saw the deceased alive on* Nov 14, 1950, *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Robert [illegible] MD
**23b. ADDRESS**: 323½ Boy, Monett Mo
**23c. DATE SIGNED**: Nov 27, 1950

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Nov. 21, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Spring River
**24d. LOCATION** (City, town, or county) (State): Verona, Mo.

**DATE REC'D BY LOCAL REG.**: 12-9-50
**REGISTRAR'S SIGNATURE**: W. M. West
**25. FUNERAL DIRECTOR'S SIGNATURE**: Bennett-Wormington — ADDRESS: Monett, Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED DEC 14 1950
Dist. File 1250-~~302~~ 02492
Date Filed 12-20-50

## 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.

Signed S. Gordon Bennett

Signed _____
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address Monett, 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.