

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

3691

FILED MAR 8 1951
0043

State File No.
Registrar's No. 33

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain c. CITY OR TOWN 0	
b. CITY OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If rural, give location) 414 W. Promenade	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) 2 24 1951		
5. SEX male 2	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 0	8. DATE OF BIRTH Nov. 27, 1902	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME J. H. Johnson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Stella Hamilton Mexico Mo.	ADDRESS —
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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		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis and Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Myocarditis due to Tuberculosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		002X	

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 <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 **2/3/51**, 19, to **2/24/51**, 19, that I last saw the deceased alive on **2/24/51**, 19, and that death occurred at **9:25 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE H. J. Ector	(Degree or title) M.D.	23b. ADDRESS 101 N. Western; Mexico, Mo.	23c. DATE SIGNED 2/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 2-26-1951	24c. NAME OF CEMETERY OR CREMATORY Elmwood	24d. LOCATION (City, town, or county) (State) Mexico Mo.
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DATE REC'D BY LOCAL REG. Feb 26 1951	REGISTRAR'S SIGNATURE Blanche Nellie	25. FUNERAL DIRECTOR'S SIGNATURE Stella Hamilton	ADDRESS Columbia Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: MAR 5 1951

DISTRICT HEALTH OFFICE #2

District File Number ~~2-51-48~~

Date Filed: MAR 6 1951

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, ~~only~~ _____

working under my personal supervision.

Student Embalmer No.

Signed

Stuart D. Parker

Signed.....
Student Embalmer

Licensed Embalmer No. *2900*

P. O. Address

Columbia 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.