

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 19 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 5705 Registrar's No. 6

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>Livingston</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><u>Missouri</u><br>b. COUNTY<br><u>Livingston</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>Dawn Monroe Twp.</u> |  | c. LENGTH OF STAY (in this place)<br><u>9 yrs.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><del>XXXXXXXXXXXX</del>                                      |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN<br><u>Dawn, Monroe Twp.</u>  |  |
|   |  | d. STREET ADDRESS (If rural, give location)<br><u>0</u>   |  |

|                                     |                            |                                  |           |   |
|-------------------------------------|----------------------------|----------------------------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First)<br><u>Henry</u> | b. (Middle)<br><u>A, Johnson</u> | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>April 9th, 1951</u> |
|-------------------------------------|----------------------------|----------------------------------|-----------|---|

|                       |                                  |  |  |   |
|-----------------------|----------------------------------|--|--|---|
| 5. SEX<br><u>male</u> | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>widow</u> | 8. DATE OF BIRTH<br><u>Dec. 22, 1859</u> | 9. AGE (In years) (Month) (Day) (Hours) (Min.)<br><u>91</u> |
|-----------------------|----------------------------------|--|--|---|

|  |  |  |   |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>own farm</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Dawn, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u> |
|--|--|--|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME<br><u>Isaac Johnson</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Polly Marker</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Fannie Johnson</u> |
|--|--|--|

|   |                                       |   |                                  |
|---|---------------------------------------|---|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> | 16. SOCIAL SECURITY NO.<br><u>---</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Hallie R. Johnson</u> | ADDRESS<br><u>Dawn, Missouri</u> |
|---|---------------------------------------|---|----------------------------------|

|   |   |               |   |
|---|---|---------------|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |               | INSET BETWEEN ONSET AND DEATH<br><u>3 1/2 yrs ago</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>   |               |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br>DUE TO (b) <u>None</u><br>DUE TO (c) <u>None</u> |               |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Long exposure of Palms feet to Ray</u>  |   | about 5 weeks |   |

|                                       |   |   |
|---------------------------------------|---|---|
| 19a. DATE OF OPERATION<br><u>None</u> | 19b. MAJOR FINDINGS OF OPERATION<br><u>331X</u> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---------------------------------------|---|---|

|   |  |   |
|---|--|---|
| 21a. ACCIDENT (Specify)<br>SUICIDE<br>HOMICIDE<br><u>None</u> | 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|---|----------------------------|

22. I hereby certify that I attended the deceased from April 1, 1951, to April 9, 1951, that I last saw the deceased alive on April 9, 1951, and that death occurred at 10:00 p.m. from the causes and on the date stated above.

|                                      |                                |   |                                    |
|--------------------------------------|--------------------------------|---|------------------------------------|
| 23a. SIGNATURE<br><u>Eric Monroe</u> | (Degree or title)<br><u>MD</u> | 23b. ADDRESS<br><u>Ludlow, Missouri</u> | 23c. DATE SIGNED<br><u>4-10-51</u> |
|--------------------------------------|--------------------------------|---|------------------------------------|

|  |                             |  |  |
|--|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u> | 24b. DATE<br><u>4-11-51</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Collar Cem.</u> | 24d. LOCATION (City, town, or county) (State)<br><u>Dawn, Missouri</u> |
|--|-----------------------------|--|--|

|  |  |     |   |                                |
|--|--|-----|---|--------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>4-10-51</u> | REGISTRAR'S SIGNATURE<br><u>Leota L. Quigg</u> | 175 | FUNERAL DIRECTOR'S SIGNATURE<br><u>W. H. Read</u> | ADDRESS<br><u>Braymer, Mo.</u> |
|--|--|-----|---|--------------------------------|

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

59



JAN 3 1952

**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

*Bernard F. Mead*

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

2 801

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

Braymer, 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.