

FILED JUN 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17200

BIRTH NO. REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 5

570

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

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri , b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 416-B S. Seventh St.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elsberry	
		d. STREET ADDRESS (If rural, give location) 416-B S. Seventh St.	

0570

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) /J/ c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) May 23, 1951		
5. SEX male	6. COLOR OR RACE negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 4, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer-retired		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Pike County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jack Johnson		13b. MOTHER'S MAIDEN NAME Harriet Donaldson		14. NAME OF HUSBAND OR WIFE deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sherman Johnson - Elsberry, Mo.	

MEDICAL CERTIFICATION

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA		INTERVAL BETWEEN ONSET AND DEATH ONE WK.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CNR NEPHRITIS		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

5YRS

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)
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?

592X

22. I hereby certify that I attended the deceased from **6/1** ¹⁹⁴⁶, to **5/23**, 19**51**, that I last saw the deceased alive on **5/23**, 19**51**, and that death occurred at **3:00** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M. D.	23b. ADDRESS ELSBERRY, MO	23c. DATE SIGNED 6/24/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 26, 1951	24c. NAME OF CEMETERY OR CREMATORY Berry Mitchell
		24d. LOCATION (City, town, or county) (State) Elsberry-RFD-Missouri

DATE REC'D BY LOCAL REG 6/6/51	REGISTRAR'S SIGNATURE Mrs. Clarence Kintner	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Elsberry, Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 9 1951

RECEIVED

STATEMENT BY LICENSED EMBALMER

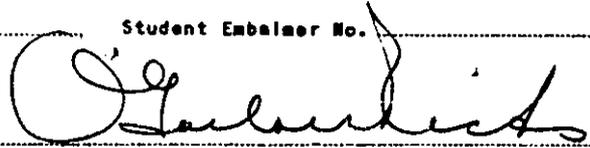
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____



Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.