

FILED JUL 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23456

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>DESOTO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DESOTO 0502</u>	
c. LENGTH OF STAY (If this place) <u>50yrs</u>		d. STREET ADDRESS (If rural, give location) <u>722 CEDAR ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>722 CEDAR ST.</u>		e. STREET ADDRESS (If rural, give location) <u>722 CEDAR ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>	b. (Middle) <u>WATSON</u>	c. (Last) <u>JOHNSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-4-51</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-27-1867</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Occupation of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>	11. BIRTHPLACE (State or foreign country) <u>DESOTO, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ALLEN JOHNSON</u>	13b. MOTHER'S MAIDEN NAME <u>MITTY RANSOM</u>	14. NAME OF HUSBAND OR WIFE <u>MAGGIE JOHNSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MAGGIE JOHNSON</u>	ADDRESS <u>DESOTO, MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	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) <u>493X</u> (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from June 17, 1951, to July 4, 1951, that I last saw the deceased alive on July 4, 1951, and that death occurred at 4:12 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. Angeles, M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Louis, Mo.</u>	23c. DATE SIGNED <u>7-7-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>	24b. DATE <u>7-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>	24d. LOCATION (City, town, or county) (State) <u>DESOTO MO</u>
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DATE REC'D BY LOCAL REG. <u>7-9-51</u>	REGISTRAR'S SIGNATURE <u>Marie Harbin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. WEE MOTHERSHEAD</u>	ADDRESS <u>DESOTO,</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED 7-12-51  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

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.

Signed.....  
Student Embalmer

Signed *Joe Mothershead*  
Student Embalmer No.....

Licensed Embalmer No. *3531*

P. O. Address *Route M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.