

FILED JUL 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23775

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 4329 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt
c. LENGTH OF STAY (In this place) 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION P.O. Box 766

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Mississippi
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt 0670
d. STREET ADDRESS (If rural, give location) 0
P. O. Box 766

3. NAME OF DECEASED
a. (First) Johnnie b. (Middle) Johnson c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year)
July 17, 1951

5. SEX Male

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Oct. 15, 1875

9. AGE (In years last birthday) 75
UNDER 1 YEAR Months 9 Days 2
UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Tullah, Miss.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jim Johnson

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Mrs. Nervie Johnson

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. _____

17. INFORMANT'S SIGNATURE OR NAME Mrs. Nervie Johnson, Box 766, Wyatt, Mo. ADDRESS _____

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

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lober Pneumonia
ANTECEDENT CAUSES Acute Bronchitis
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.

INTERVAL BETWEEN ONSET AND DEATH
7 days
2 wks.
(what?)

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____
490X

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) _____

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 7-16-1951, to 7-16-1951, that I last saw the deceased alive on 7-16-1951, and that death occurred at 3:50 P m., from the causes and on the date stated above.

23a. SIGNATURE W. A. Fingal M.D. (Degree or title)

23b. ADDRESS 204 S. Locust St. Charleston, Mo.

23c. DATE SIGNED 7-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE _____

24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

24d. LOCATION (City, town, or county) (State) Charleston, Missouri

DATE REC'D BY LOCAL REG. July 23, 1951

REGISTRAR'S SIGNATURE Mrs. Let Hilgore

25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks ADDRESS Charleston, Mo.

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

5670

JUL 27 RECEIVED

Miss. Co. Health Dept
County File No. _____
Date Filed JUL 27 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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Frank Sparks

Signed.....
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address: Cape Girardeau

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.