

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26387

State File No. _____

FILED AUG 21 1951

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4095 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Cass.</u> <u>0190</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Drexel</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Drexel</u> <u>0190</u>	
c. LENGTH OF STAY (in this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>No street address.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Not in hosp. In Own home.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>AXEL</u>	b. (Middle) <u>D</u>	c. (Last) <u>JOHNSON.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 27, 1874.</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>	IF UNDER 4 HRS. Hours <u>14</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coffee Grinder.</u>	11. BIRTHPLACE (State or foreign country) <u>Saline Co. Kans.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John E. Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Anna K. Swenson</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha B. Johnson.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY No. <u>492-18-7750</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha B. Johnson.</u>	ADDRESS <u>Drexel Mo</u>
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18. DATE 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombo Phlebitis Left Leg</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Old Medical Heart Lesion</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION.	20. AUTOPSY? <u>463X</u> 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Aug 6, 1951, to Aug 10, 1951, that I last saw the deceased alive on Aug 10, 1951, and that death occurred at 9:00p m., from the causes and on the date stated above,

23a. SIGNATURE (Degree or title) <u>Basil A. Hartwell, M.D.</u>	23b. ADDRESS <u>Drexel, Mo.</u>	23c. DATE SIGNED <u>8/11/51.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 12, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Drexel, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/12/51</u>	REGISTRAR'S SIGNATURE <u>Dora Barriard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Drexel, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 18 1951

CASS COUNTY
HEALTH DEPARTMENT

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, ~~XXXXXXXXXX~~

~~XXXXXXXXXXXXXXXXXXXX~~

working under ~~MY PERSONAL SUPERVISION~~

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 1950

P. O. Address Drexel, Missouri.

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.