

FILED SEP 29 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30852**

Registrar's No. **72**

BIRTH NO. _____ REG. DIST. NO. **210** PRIMARY REG. DIST. NO. **5768**

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

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Harrison Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Harrison Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles due East of Cainsville		d. STREET ADDRESS (If rural, give location) 3 miles due East of Cainsville, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Perry c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) September 1, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 28, 1889	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY General Farming		11. BIRTHPLACE (State or foreign country) Mercer Co., Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME John Calvin Johnson	13b. MOTHER'S MAIDEN NAME Cynthia Ellen Duncan	14. NAME OF HUSBAND OR WIFE Katherine Edna Johnson
---	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War One	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Katherine Edna Johnson ADDRESS Cainsville, Mo.
--	-------------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Miocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General infection of Liver, and Rheumatism. 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 None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 11111	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 11111
---	--	---

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? 11111
--	--	---

22. I hereby certify that I attended the deceased from **May 10, 1951**, to **Sept 1, 1951**, that I last saw the deceased alive on **Sept 1, 1951**, and that death occurred at **3:45A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. M. Perry M. D. U.	23b. ADDRESS Princeton, Missouri.	23c. DATE SIGNED 9/2/51
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept., 3, 1951	24c. NAME OF CEMETERY OR CREMATORY Bolckow Cemetery	24d. LOCATION (City, town, or county) (State) Missouri
---	---------------------------------	--	---

DATE REC'D BY LOCAL REG. 9-20-51	REGISTRAR'S SIGNATURE Dale Trout	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Cainsville, Mo.
---	---	--

DEC 3 1951
DEC 21 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, gg/yy

Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision. \ \ \ \ \

Student
Student Embalmer

Signed Eddie J. Stoklasa

Licensed Embalmer No. 3602

P. O. Address Cainsville, 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.