

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38333

State File No.

No. 300
10.48

804

GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 347

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>405 E. 7th St.</u>	
3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>J.</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 1951</u>
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>Dec. 22, 1892</u>
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR (Months) <u>10</u>	IF UNDER 1 HR. (Days) <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>R.R. Signal Control Mo. Pacific</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Wooldridge, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Joe Johnson</u>	
13b. MOTHER'S MAIDEN NAME <u>Mamie Chanult</u>		14. NAME OF HUSBAND OR WIFE <u>Edna C. Korte Johnson</u>	
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>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edna Johnson, 405 E. 7th</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Fractured Skull</u> DUE TO (c) <u>Possibly Coronary Occlusion</u> II. OTHER SIGNIFICANT CONDITIONS: <u>Possibly fall, Hypertensive and atherosclerotic</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>132 - E948 21</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>Front of home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>Nov. 8 '51 unknown</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Unknown cause</u>		22. I hereby certify that I attended the deceased from <u>8 Nov, 1951</u> to <u>9 Nov, 1951</u> , that I last saw the deceased alive on <u>8 Nov, 1951</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Carl Drege M.D.</u>		23b. ADDRESS <u>1216 West 18th St. Sedalia Mo.</u>	
23c. DATE SIGNED <u>9 Nov 51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov. 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Beckart Sedalia, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11/12/1951</u>		REGISTRAR'S SIGNATURE <u>A. Campbell M.D. Deputy</u>	

RECEIVED NOV 19 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed NOV 19 1951

NOV 20 1951

DEC 6 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address. Lipton, 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.