

FILED JUN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15824

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5211 Registrar's No. 8

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Caldwell Carroll | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY Carroll | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer, Washington Twp. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer, Washington Twp. | |
| c. LENGTH OF STAY (in this place) 40yrs. | | d. STREET ADDRESS 0170 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ----- | | | |

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|-------------------------------------|------------------|-----------------------|-------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) David | b. (Middle) Henderson | c. (Last) Johnson | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | May 30th, 1952 |

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|-------------|------------------------|--|--------------------------------|--|------------------------|-----------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 7, 1862 | 9. AGE (In years last birthday) 90yrs. | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|-------------|------------------------|--|--------------------------------|--|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | 10b. KIND OF BUSINESS OR INDUSTRY retired | 11. BIRTHPLACE (State or foreign country) Dawn Community | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME George Johnson | 13b. MOTHER'S MAIDEN NAME Elizabeth Wiedom | 14. NAME OF HUSBAND OR WIFE Cora Johnson |
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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) no | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT'S SIGNATURE OR NAME Mrs Cora Johnson | ADDRESS Braymer, Mo |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | 1/2 hour |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis many years DUE TO (c) Generalized Arteriosclerosis many years | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis and cholelithiasis many years | | | |

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| 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) (STATE) |
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|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from Feb. 19 1949, to May 30, 1952, that I last saw the deceased alive on May 29 1952, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE E. Goldberg M.D. MD (Degree or title) | 23b. ADDRESS Braymer, Mo | 23c. DATE SIGNED June 1, 1952 |
|--|--------------------------|-------------------------------|

| | | | |
|--|------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE June 1, 1952 | 24c. NAME OF CEMETERY OR CREMATORY Evergreen Cem. | 24d. LOCATION (City, town, or county) (State) Braymer, Mo |
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| DATE REC'D BY LOCAL REG. June 8, 1952 | REGISTRAR'S SIGNATURE Mrs Rex Henderson | 25. FUNERAL DIRECTOR'S SIGNATURE Mead's Funeral Service | ADDRESS Braymer, |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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. _____

Student _____ Student Embalmer

Signed *George S. Lammell* _____
Licensed Embalmer No. *4425*

P. O. Address Breckenridge, 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.