

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30802**

OCT 6 1952

BIRTH NO.

REG. DIST. NO.

42

PRIMARY REG. DIST. NO.

1000

Registrar's No.

1035

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 214 Texas St. <u>St. Joseph Home</u>		d. STREET ADDRESS (If rural, give location) 218 W. Valley St. 6	
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE		b. (Middle) M.	
c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) 9 29 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 7-4-1875
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Lincoln, Nebraska /		12. CITIZENSHIP OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Kahle		13b. MOTHER'S MAIDEN NAME Minnie ?	
14. NAME OF HUSBAND OR WIFE Charles A. Johnson (de)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Ernest Johnson, 218 W. Valley St.		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 Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		None	
ANTECEDENT CAUSES		None	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) None	
DUE TO (c) None			
II. OTHER SIGNIFICANT CONDITIONS		None	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a: DATE OF OPERATION None		19b: MAJOR FINDINGS OF OPERATION 4-500	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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 <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 <u>Sept 1st, 19 52</u> to <u>Sept 29th 52</u> that I last saw the deceased alive on <u>Sept 29th 52</u> , and that death occurred at <u>5:00A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B. W. Tadlock</u> (Degree or title) M, D,		23b. ADDRESS 703 So 13th St Joseph, Mo	
23c. DATE SIGNED 9/30 '52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		24b. DATE 10-1-1952	
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. Oct 2, 1952		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Ruff</u>		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.