

No. 30
10-48

10 DEC 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41869

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5345 Registrar's No. 100

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Sac twp		c. CITY (If outside corporate limits, write RURAL and give township) Rural Sac twp.	
c. LENGTH OF STAY (In this place) 50 years		d. STREET ADDRESS (If rural, give location) Star R. 2 Greenfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10 1/2 mi N.E. of Greenfield			

3. NAME OF DECEASED (Type or Print) a. (First) Lewis		b. (Middle) A.		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) Dec. 22 1952		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Apr. 15, 1875		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months 8 Days 6		IF UNDER 18 HRS. Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer				10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Dade County, Missouri				12. CITIZEN OF WHAT COUNTRY? U. S. A.			

13a. FATHER'S NAME John Johnson			13b. MOTHER'S MAIDEN NAME Nancy Bowhann			14. NAME OF HUSBAND OR WIFE _____		
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15. WAS DECEASED EVER IN U.S. ARMY OR NAVAL RESERVE? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE AND NAME Mrs. Eppie Loveall, Lockwood, Mo.				ADDRESS _____	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Burned to death						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)				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 after ¹⁰death 12-22, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE J. A. Warr Coroner		(Degree or title)		23b. ADDRESS Lockwood, Missouri		23c. DATE SIGNED 12/22/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-23-52		24c. NAME OF CEMETERY OR CREMATORY Fanning Cemetery		24d. LOCATION (City, town, or county) (State) Dade County, Mo.	
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DATE REC'D BY LOCAL REG. 12-22-52		REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE J. C. Canada		ADDRESS Greenfield, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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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. Not Embalmed Student Embalmer No. _____

Student
Student Embalmer

Signed J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.