S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13609

FILED MAY 15 1953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 59

002 / 1

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (In this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 526 Elms Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs 6002
d. STREET ADDRESS (If rural, give location): 526 Elms Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): D.
c. (Last): JOHNSON

4. DATE OF DEATH (Month) April (Day) 29, (Year) 1953

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Feb. 26, 1859

9. AGE (In years last birthday): 94 — If under 1 year: Months 2, Days — If under 1 hr.: Hours 3, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: xxx

11. BIRTHPLACE (State or foreign country): Canton, Illinois 1

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: George Wysong

13b. MOTHER'S MAIDEN NAME: Melinda unknown

14. NAME OF HUSBAND OR WIFE: Charles Johnson, deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: No.

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Elizabeth Schmidt, Ex. — ADDRESS: 526 Elms Spgs, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular asthenia.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Post pneumonia

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none 493x

20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ? *, 19* 40 *, to* 4-29- *, 19* 53 *, that I last saw the deceased alive on* 4-29- *, 19* 53 *, and that death occurred at* 10 p. m. *, from the causes and on the date stated above.*

23a. SIGNATURE J. L. Baird, M.D. (Degree or title)

23b. ADDRESS: Excelsior Springs, Mo.

23c. DATE SIGNED: 4-30-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: MAY 3, 1953

24c. NAME OF CEMETERY OR CREMATORY: FIATT CEMETERY

24d. LOCATION (City, town, or county) (State): FIATT, Illinois

DATE REC'D BY LOCAL REG.: 5-3-53

REGISTRAR'S SIGNATURE: Caroline Hutchings

25. FUNERAL DIRECTOR'S SIGNATURE HOPE FUNERAL HOME Virgil Hope — ADDRESS: Excelsior Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 1 1953

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.....

Signed Chas. Virgil Hope

Signed.....
Student Embalmer

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs

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.