No. 300
10.48

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

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FILED MAY 6 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15302

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO 6000 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia, Missouri
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RURAL (JASPER-TOWNSHIP) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia, Mo. 0870
d. STREET ADDRESS (If rural, give location): RURAL (JASPER-TOWNSHIP)

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): C.
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 24
9. AGE (In years last birthday): 72 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Ralls County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Peter Johnson
13b. MOTHER'S MAIDEN NAME: Unknown.
14. NAME OF HUSBAND OR WIFE: Vernillie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. John C. Johnson
ADDRESS: Vandalia, 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) Myocarditis Acute — Interval between onset and death: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs
DUE TO (c) Retention Urine in Bladder — 6 Mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Enlarged Prostate Gland — 2 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None 444X
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* April 20, 1953, *to* April 26, 1953, *that I last saw the deceased alive on* April 25, 1953, *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Brooks Jr. (Degree or title): D.O.
23b. ADDRESS: Center, Missouri
23c. DATE SIGNED: 4-29-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-28-53
24c. NAME OF CEMETERY OR CREMATORY: Fern Chapel Cemetery
24d. LOCATION (City, town, or county) (State): Ralls County, Missouri

DATE REC'D BY LOCAL REG.: 4-27-53
REGISTRAR'S SIGNATURE: Clyde Williams 267
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Williams
ADDRESS: Perry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Cassy, 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.