

FILED DEC 8 1953

STANDARD CERTIFICATE OF DEATH

State File No. **38644**

0310
4

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

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>98</u> | | PRIMARY REG. DIST. NO. <u>4165</u> | | Registrar's No. <u>95</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Daviess</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Gallatin</u> | | c. LENGTH OF STAY (In this place) <u>1 Mo. 21 Ds.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural Grand River Township</u> <u>0310</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Rest Home</u> | | | | d. STREET ADDRESS (If rural, give location) <u>10 Miles N.E. Gallatin, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Jessie</u> | | a. (First) | | b. (Middle) --- | | c. (Last) <u>Johnson</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>November 30 1953</u> | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | |
| 8. DATE OF BIRTH <u>June 12 1873</u> | | 9. AGE (In years last birthday) <u>80</u> | | IF UNDER 1 YEAR Months Days Hours Min. | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Andrew Jackson Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rhoda Gosnell</u> | | 14. NAME OF HUSBAND OR WIFE --- | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Vada Swofford, Gallatin, Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebellar Hemorrhage</u> DUE TO (c) <u>Hypertension, arterial Sclerosis & nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>1 month</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331 X</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 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) | | 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>Nov 1, 1952</u> , to <u>Nov 30, 1952</u> , that I last saw the deceased alive on <u>Nov 30, 1952</u> , and that death occurred at <u>11:45 P.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Hew Bailey M.D.</u> | | | | 23b. ADDRESS <u>Gallatin Mo</u> | | 23c. DATE SIGNED <u>12-2-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>12-2-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-4-53</u> | | REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Anderson</u> | | ADDRESS <u>Hope Funeral Home Gallatin, Mo.</u> | |

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 _____

L. Richerson

Licensed Embalmer No. 3302

P. O. Address Dallatin, 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.