

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **11502**

No. 300
10-48

0220

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

FILED APR 15 1954		REG. DIST. NO. <u>108</u>	PRIMARY REG. DIST. NO. <u>52</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bruner Twp.</u>		c. LENGTH OF STAY (in this place) <u>69</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Christian Bruner Twp</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Elkhead Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Elkhead Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ebb</u>		b. (Middle) <u>W</u>		c. (Last) <u>Johnson</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 27. 1885</u>		9. AGE (In years last birthday) <u>69</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		11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Joseph Johnson</u>		
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hart</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Johnson</u>		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rosa Johnson, Elkhead 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Atherosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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>Jan</u> , 1953, to <u>Jan-28</u> , 1954, that I last saw the deceased alive on <u>Jan-28</u> , 1954, and that death occurred at <u>9 A. M.</u> from the causes and on the date stated above.				
23a. SIGNATURE (Degree or Title) <u>Dr. Marvin H. Klauer M.D.</u>		23b. ADDRESS <u>Elkhead Mo</u>		23c. DATE SIGNED <u>Jan. 14-1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 1st. 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dogwood</u>
24d. LOCATION (City, town, or county) (State) <u>Douglas Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Ozark Mo.</u>		
DATE REC'D BY LOCAL REG. <u>APR 15 1954</u>		REGISTRAR'S SIGNATURE <u>Byrd A. Budgett</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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.