No. 300
10.48

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31200

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4309 Registrar's No. 81

0600 : 1

1. PLACE OF DEATH
a. COUNTY: MCDONALD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SOUTHWEST CITY
c. LENGTH OF STAY (in this place): 30 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MCDONALD
c. CITY OR TOWN: SOUTHWEST CITY
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 0600 0

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

4. DATE OF DEATH (Month) (Day) (Year): 9-28-1954

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M
8. DATE OF BIRTH: 4-29-1888
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months ___ Days 29 — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): PLUMBER
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (City and State or Foreign Country): STOCKHOLM-SWEDEN
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: CAROLINE JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: CAROLINE JOHNSON — ADDRESS: S. WEST CITY MO

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 17½ hrs.

ANTECEDENT CAUSES

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

DUE TO (b) Essential Hypertension — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

331X

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* 9-26, 1954 *to* 9-28, 1954 *that I last saw the deceased alive on* 9-28, 1954 *and that death occurred at* 6:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Warnock M.D.
(Degree or title)
23b. ADDRESS: Southwest City
23c. DATE SIGNED: 10-5-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-30-54
24c. NAME OF CEMETERY OR CREMATORY: SOUTHWEST CITY
24d. LOCATION (City, town, or county) (State): SOUTHWEST CITY MO

DATE REC'D BY LOCAL REG.: 10-5-54
REGISTRAR'S SIGNATURE: Mayme Humphrey 423-0
25. FUNERAL DIRECTOR'S SIGNATURE: R. M. Humphrey
ADDRESS: PINEVILLE MO

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. M. Humphrey Jr.

Licensed Embalmer No. 47

P. O. Address Noel, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.