

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 8 1949

State File No. 1087

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5520 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) CALHOUN RURAL		c. CITY (If outside corporate limits, write RURAL and give township) CALHOUN RURAL	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location) TWO MILES EAST of Calhoun, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION WINDSOR TWP. 1			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) FRANCIS c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) JAN 30 - 49		
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5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 21 - 1895		9. AGE (If years last birthday) Months Days Hours Min. 63 8 9	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (State or foreign country) HENRY Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME SAMUEL JOHNSON		13b. MOTHER'S MAIDEN NAME HELEN COLLINS		14. NAME OF HUSBAND OR WIFE MARY JOHNSON	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mary Johnson		ADDRESS Calhoun Mo	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4 hrs					

19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Aug 1948, to Jan 30, 1949, that I last saw the deceased alive on Jan 30, 1949, and that death occurred at 8:42 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) J. J. Jennings M.D.		23b. ADDRESS Clinton Mo		23c. DATE SIGNED 1-31-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 1 - 49		24c. NAME OF CEMETERY OR CREMATORY Calhoun Cem		24d. LOCATION (City, town, or county) (State) Calhoun Mo	
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DATE REC'D BY LOCAL REG. Feb 1 - 49		REGISTRAR'S SIGNATURE R. R. Kenney		25. FUNERAL DIRECTOR'S SIGNATURE Consalus & Pict, Clinton Mo		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

District File Number 1-49-2

Date Filed 2-7-49

MAY 7 1949

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 _____

Eugene R. Conzelus

Student Embalmer No. 281

working under my personal supervision.

Student Eugene R. Conzelus
Student Embalmer

Signed J. E. Conzelus
Licensed Embalmer No. 1891

P. O. Address Clinton, 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.