

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1951

State File No. 41534
Registrar's No. 61

| | | | | | | | | | | | | | | |
|---|--|-----------------------------|--|--|---|-----------------------------------|--|---------------------------------------|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 224 | | PRIMARY REG. DIST. NO. 5796 | | State File No. 41534 | | Registrar's No. 61 | | | | | | |
| 1. PLACE OF DEATH a. COUNTY Moniteau Co | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | | b. COUNTY Moniteau | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker 3 Yrs | | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker 3 | | | | | d. STREET ADDRESS (If rural, give location) Gen Del. California, Mo | | | | |
| 3. NAME OF DECEASED (Type or Print) Floyd Johnson | | | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1950 | | | | | | | | | |
| 5. SEX Male 2 | | 6. COLOR OR RACE Colored | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | | 8. DATE OF BIRTH Feb. 14, 1903 | | 9. AGE (In years last birthday) 47 | | 10. IF UNDER 1 YEAR Months Days 10 2 | | 11. IF UNDER 1 YEAR Hours Min. 0 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mo Pacific R.R. | | | | | 10b. KIND OF BUSINESS OR INDUSTRY Dinning Car Washer | | | | | 11. BIRTHPLACE (State or foreign country) Missouri 0 | | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | | | | | | | | |
| 13a. FATHER'S NAME Henry Johnson | | | | | 13b. MOTHER'S MAIDEN NAME Nora Roberts | | | | | 14. NAME OF HUSBAND OR WIFE Unknown | | | | |
| 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. Lost | | | | | 17. INFORMANT'S SIGNATURE OR NAME Harry Johnson | | | | |
| 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. | | | | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary tuberculosis | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mo. | | | | |
| | | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) | | | | | | | | | |
| | | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | 002X | | | | |
| 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) California Moniteau Mo | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | | | | 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 April 20, 1950, to Dec. 16, 1950, that I last saw the deceased alive on Dec. 16, 1950, and that death occurred at 6:50 P.M., from the causes and on the date stated above. | | | | | | | | | | | | | | |
| 23a. SIGNATURE D. D. Broun | | | | | 23b. ADDRESS S.O. California | | | | | 23c. DATE SIGNED 12/18/50 | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | | | | 24b. DATE 12/19/1950 | | | | | 24c. NAME OF CEMETERY OR CREMATORY City Cemetery | | | | |
| | | | | | 24d. LOCATION (City, town, or county) (State) California, Mo | | | | | | | | | |
| DATE REC'D BY LOCAL REG. 12-18-50 | | | | | REGISTRAR'S SIGNATURE H. R. Ropey | | | | | 25. FUNERAL DIRECTOR'S SIGNATURE Earl R. Broun | | | | |
| | | | | | ADDRESS California | | | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1/4/51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1/4/51

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 _____

Jack H. Bowlin

working under my personal supervision.

Student Embalmer No. 392

Signed Jack H. Bowlin
Student Embalmer

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California

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

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