

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36527

BIRTH NO. _____		REG. DIST. NO. 82		PRIMARY REG. DIST. NO. 3017		Registrar's No. 117	
1. PLACE OF DEATH a. COUNTY Cooper 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 Boonville, Mo		c. LENGTH OF STAY (In this place) 27 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo		0681	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Boonslick Boarding Home				d. STREET ADDRESS (If rural, give location) Gen Del, California, Mo			
3. NAME OF DECEASED (Type or Print) a. (First) Waldo		b. (Middle) Patric		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) Nov 22 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April. 25. 1861	
9. AGE (In years last birthday) 89		10. MONTHS 6		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer (Ret)		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isah V. Johnson		13b. MOTHER'S MAIDEN NAME Rachel Hall		14. NAME OF HUSBAND OR WIFE ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS S R Johnson, Jamestown, Mo			
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) Arterio-sclerosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 11/20, 1950, to 11/22, 1950, that I last saw the deceased alive on 11/20, 1950, and that death occurred at 10/45A, from the causes and on the date stated above.							
23a. SIGNATURE Th L Decker		(Degree or title)		23b. ADDRESS Boonville, Mo		23c. DATE SIGNED 11/24/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 25. 1950		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Jamestown, Mo	
DATE REC'D BY LOCAL REG. 11-24-50		REGISTRAR'S SIGNATURE D. Cooper 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl R. Boudin, California			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

27
4

2710

RECEIVED 11-27-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 11-27-50

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. 391

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 with the above constitutes grounds for revocation of license.)

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