

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009289

STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		d. STREET ADDRESS (If outside, give location) 525 R W High St	
3. NAME OF DECEASED (Type or print) First PAULA Middle MAE Last SUE JOHNSON		4. DATE OF DEATH Month March Day 29th Year '58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 31st '51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		11. BIRTHPLACE (City and state or country) Jefferson City, Missouri	
13a. FATHER'S NAME Paul James Johnson		14. NAME OF HUSBAND OR WIFE Unmarried	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Y or, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Paul Johnson 525 R W High St, J. C., Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Second & Third degree burn body + arms neck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Inhalation Pneumonia DUE TO (c) Tracheo Bronchial malacia			INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 17 hrs. 9/60/16
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Tracheo Bronchial malacia			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Dress caught on fire	
20c. TIME OF INJURY Hour 3 Month 3 Day 28 Year '58		20f. CITY, TOWN, OR LOCATION Jefferson City	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
21. I attended the deceased from Death occurred at 130 A		and last saw him alive on 3/29/58 m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) D J Canagawa MD		22b. ADDRESS 515 E High St	
22c. DATE SIGNED 4/1/58		23d. LOCATION (City, town, or country) (State) Jefferson City, Missouri	
23b. DATE March 31st '58		23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
24. FUNERAL DIRECTOR Tanner Service, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 1 April 1958	
26. REGISTRAR'S SIGNATURE R.P. Norris, MD - MR			

Kane, J. P. M.

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed 
Donald P. Freeman

Licensed Embalmer No. 4623

P. O. Address Jefferson City, Missouri

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.