Health, Welfare Public Service

300 1-57

8

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-021324
STATE FILE NUMBER

FILED JUN 19 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 176

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 OR TOWN (If outside corporate limits, give TOWNSHIP only) Jefferson City — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Jefferson City 0264 — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital — Length of stay in 1b 25 years	d. STREET ADDRESS (If outside, give location) 1002 E. Miller St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First RUTH	Middle (NMN)	Last JOHNSON	4. DATE OF DEATH Month June Day 11th Year '58
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH March 25th '58	9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Platte City, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Price Birch	13b. MOTHER'S MAIDEN NAME Ellen Lewis	14. NAME OF HUSBAND OR WIFE Philbert Johnson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Philbert Johnson Address Jefferson City, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Deferred until Autopsy Completed

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-2-58, to 6-11-58 and last saw her/him alive on 6-9-58

Death occurred at 8:50 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John J. Mathews MD 0	22b. ADDRESS 302 Bolivar, Jefferson City	22c. DATE SIGNED 6-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 16th '58	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri
24. FUNERAL DIRECTOR ADDRESS Robinson Service, Jefferson City, Mo.	25. DATE RECD. BY LOCAL REG. 16 June 1958	26. REGISTRAR'S SIGNATURE R. P. Dorris, MD-MR	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Mathews

VS MAY 4 1959

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
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.