

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040617

STATE FILE NUMBER

FILED DEC 15 1958

Registration District No. 178 Primary Registration District No. 4282 Registrar's No. 86

300
1-57

1. PLACE OF DEATH a. COUNTY LEWIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LEWIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN MONTICELLO		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MONTICELLO 0520		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) NONE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle DAVIS Last JOHNSON			4. DATE OF DEATH Month 12 Day 6 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 15, 1863	9. AGE (In years last birthday) 95 F UNDER 1 YEAR Months 7 Days 21 IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUYER		10b. KIND OF BUSINESS OR INDUSTRY STOCK	11. BIRTHPLACE (City and state or country) LEWISTOWN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JOHN SIMON JOHNSON		13b. MOTHER'S MAIDEN NAME NANCY TURPIN		14. NAME OF HUSBAND OR WIFE NELLE BELLE SAGE	
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 Address MRS. RUBY WEST MONTICELLO, MISSOURI		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Arterio sclerosis					5 yrs
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 11-6-58 to 12-6-58 and last saw him alive on 12-5-58 Death occurred at 10 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree of title) Francis W. Jennings			22b. ADDRESS CANTON MO		22c. DATE SIGNED 12-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC. 8, 1958	23c. NAME OF CEMETERY OR CREMATORY LA BELLE CEMETERY		23d. LOCATION (City, town, or county) (State) LA BELLE, MISSOURI
24. FUNERAL DIRECTOR Charles A. Arnold Jr.		ADDRESS LEWISTOWN, MO		25. DATE RECD. BY LOCAL REG. 12-10-58	26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D. E. L.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 *Charles L. Crawford*

Licensed Embalmer No. 4667

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