

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045218
STATE FILE NUMBER

23983-58

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Moberly</u>		c. CITY OR TOWN <u>Glasgow</u> ⁰⁴⁻⁵⁰	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp</u>		d. STREET ADDRESS <u>3 mi e. of Glasgow</u>	
3. NAME OF DECEASED (Type or print) <u>Deborah Marie Johnson</u>		4. DATE OF DEATH <u>Dec. 29, 1958</u>	
6. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 27, 1958</u>
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <u>Safarist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Safarist</u>	11. BIRTHPLACE (City and state or country) <u>Moberly Mo</u>
13. FATHER'S NAME <u>James L. Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Marilyn F. Newton</u>	14. NAME OF HUSBAND OR WIFE <u>Safarist</u>
15. WAS RECEIVED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Safarist</u>		16. SOCIAL SECURITY NO. <u>Safarist</u>	17. INFORMANT <u>James Johnson</u> Address <u>Glasgow, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary paralysis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <u>Asphyxiation (Post natal)</u>			<u>1 hr.</u>
DUE TO (c) <u>Atelectasis</u>			<u>3 hours</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7620</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Dec. 27, 1958</u> to <u>Dec. 29, 1958</u> and last saw her alive on <u>Dec. 29, 1958</u> Death occurred at <u>1:05 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. H. McCosmick D.O.</u> (Degree or title)		22b. ADDRESS <u>300 1/2 West Reed, Moberly, Mo.</u>	22c. DATE SIGNED <u>12/31/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec. 29, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>	23d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>
24. FUNERAL DIRECTOR <u>Ch. Daley-Triemont</u> ADDRESS <u>Glasgow, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-29-58</u>	26. REGISTRAR'S SIGNATURE <u>Richard Bloume</u>

(Licensee Embalmer's Statement on Reverse Side)

Doctor, coroner, etc., must file only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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 *E. W. Triemont*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow, 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.