

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004939

STATE FILE NUMBER

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 33

300
-57

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Boonville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1136 7th St.</u>		Length of stay in lb <u>2 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>1136 7th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>BESSIE MARIE JOHNSTON</u>			4. DATE OF DEATH Month Day Year <u>March 9, 1959</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>July 3, 1937</u>
9. AGE (In years last birthday) <u>21</u>		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) <u>housewife-waitress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home-cafe</u>	11. BIRTHPLACE (City and state or country) <u>Cooper County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>I. D. Chenault</u>	
13b. MOTHER'S MAIDEN NAME <u>Bessie King</u>		14. NAME OF HUSBAND OR WIFE <u>James Johnston</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT Address <u>Mrs Roy Bridgewater Boonville, 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>Asphyxiation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Strangulation</u> DUE TO (c) <u>Violence</u>			INTERVAL BETWEEN ONSET AND DEATH <u>One</u>
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 <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Strangulation</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>11:40 a.m. 3 9 59</u>			
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.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Boonville Cooper Mo</u>
21. I attended the deceased from <u>no attention</u> and last saw her <u>alive</u> on <u>to the date stated above; and to the best of my knowledge, from the causes stated.</u>			
22a. SIGNATURE (Degree or title) <u>Dr. Decker M.D. Cooper</u>		22b. ADDRESS <u>Boonville Mo</u>	22c. DATE SIGNED <u>3/11/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>3/12/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Boonville, Mo.</u>
24. FUNERAL DIRECTOR <u>B. W. Thatcher</u>		ADDRESS <u>Boonville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3/12/59</u>
		26. REGISTRAR'S SIGNATURE <u>De Cooper</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Berry W. Fisher*

Licensed Embalmer No. *3944*

P. O. Address... *Bronville*

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.