

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028806

FILED VS SEP 8 1959 / 32

3021

147

STATE FILE NUMBER

INDEXED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Grundy									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton, Missouri		Length of stay in lb 2 Wks.		c. CITY OR TOWN Trenton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wright Memorial Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1512 East 9th		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First William Middle Jacob Last Johnson				4. DATE OF DEATH Month August Day 27 Year 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/17/1872		9. AGE (last birthday) 86		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Cobbler				10b. KIND OF BUSINESS OR INDUSTRY Iowa				11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Henry Jacob Johnson				13b. MOTHER'S MAIDEN NAME Abbie Lawton				14. NAME OF HUSBAND OR WIFE Eva Richardson Johnson					
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. 495-26-3534		17. INFORMANT Eva Johnson Address Trenton, 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 Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 5 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis										INTERVAL BETWEEN ONSET AND DEATH 6 mos			
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.		Month, Day, Year _____											
20d. INJURY OCCURRED WHILE AT WORK <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 8-12-59 to 8-27-59 and last saw her alive on 8-27-59 Death occurred at 11 05 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE E. A. Duffly M.D. (Degree or title)						22b. ADDRESS Trenton Mo			22c. DATE SIGNED 8-28-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/29/59		23c. NAME OF CEMETERY OR CREMATORY Roselawn			23d. LOCATION (City, town, or county) (State) Trenton Missouri						
24. FUNERAL DIRECTOR William Gipson ADDRESS Trenton, Mo.				25. DATE RECD. BY LOCAL REG. 8/29/59		26. REGISTRAR'S SIGNATURE June Fair							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. ~~3109~~ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles J. [Signature]

Licensed Embalmer No. 3109

P. O. Address Trenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.