

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030980

FILED VS AUG 31 1959 317

Primary Registration District No. 544 Registrar's No. 2278

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b 1 hr.	c. CITY OR TOWN Fredericktown
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 2
3. NAME OF DECEASED (Type or print) First Martha Middle Alma Last Johnson		4. DATE OF DEATH Month August Day 20 Year 1959	

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/8/92	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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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) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME William Lunsford	13b. MOTHER'S MAIDEN NAME Mary Weatherington	14. NAME OF HUSBAND OR WIFE Charles Johnson
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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. Unknown	17. INFORMANT Elmer Johnson Address Route 3, Fredericktown.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Emphysema	
	DUE TO (c) years	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Tuberculosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 8:00 a.m. p.m.	Month, Day, Year Aug 20 1959
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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 Fredericktown COUNTY Madison STATE Mo.
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21. I attended the deceased from **Jan 6 1956** to **Aug 20 1959** her last saw him alive on **Aug 20 1959**
Death occurred at **Kirkwood, Mo. 12/15/58** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. Slaughter (Degree or title) M.D.	22b. ADDRESS Fredericktown Mo	22c. DATE SIGNED 8-21-59
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23a. BURIAL, CREMATION, OR REMOVAL REMOVAL	23b. DATE 8/23/59	23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park	23d. LOCATION (City, town, or county) (State) Madison County, Mo.
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24. FUNERAL DIRECTOR Najim Funeral Home, ADDRESS Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG. 8.23.59	26. REGISTRAR'S SIGNATURE John C. Murphy
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 21 1949

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. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles Mcarty
Licensed Embalmer No. 4852

P. O. Address Frederick

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.