

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031270

FILED VS SEP 1 1959 60

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 188

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Vernon									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in 1b 19 days		c. CITY OR TOWN Metz Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada City Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3 mi. East, Metz, Mo.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last SUSIE CHRISTA JOHNSON				4. DATE OF DEATH Month Day Year August 24 1959									
5. SEX Female		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 12/22/1873		9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Metz, Missouri		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Charles Ford				13b. MOTHER'S MAIDEN NAME Emily Taylor				14. NAME OF HUSBAND OR WIFE Alva 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. none		17. INFORMANT Address Mrs Clyde Sivils-Rich Hill, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture neck of rt femur 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										INTERVAL BETWEEN ONSET AND DEATH 2 years 3 years +			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Fall in home									
20c. TIME OF INJURY Hour a.m. p.m. 8 6 59		Month, Day, Year 8 6 59		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.) Home		20f. CITY, TOWN, OR LOCATION Vernon Mo		COUNTY		STATE	
21. I attended the deceased from Mar 21, 1956 to Aug 24, 1959 and last saw her alive on Aug 24 1959 Death occurred at 2:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Ray W. Kearney (Degree or title)						22b. ADDRESS Nevada Mo			22c. DATE SIGNED 8/26/59				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/26/59		23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery				23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri					
24. FUNERAL DIRECTOR Booth Funeral Serv.-Rich Hill, Mo.				25. DATE RECD. BY LOCAL REG. 8-27-1959		26. REGISTRAR'S SIGNATURE Anna J. Perry							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

John G. Underwood

Licensed Embalmer No. 358

P. O. Address Butler

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.