

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-031894**

**FILED VS SEP 30 1959**

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 182

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Dunklin</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Length of stay in lb		c. CITY OR TOWN <b>Senath</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin Co. Memorial Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Gen. Del.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Judy</b> Middle <b>Gay</b> Last <b>Johnson</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>19</b> Year <b>1959</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8/28/59</b>	9. AGE (last birthday) Months <b>22</b> Hours <b></b> Min. <b></b>	IF UNDER 1 YEAR	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Surf and</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Senath, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		
13a. FATHER'S NAME <b>Lester Johnson</b>			13b. MOTHER'S MAIDEN NAME <b>Donna Marie Harvey</b>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Lester Johnson, Senath, Mo.</b>			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumo Coccal Meningitis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Meningo myelocoele</b>							Congenital		
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 <b>1</b> Month, Day, Year <b>8-27-59</b> a.m. p.m.									
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.)		20f. CITY, TOWN, OR LOCATION <b>Senath</b>		COUNTY <b>Missouri</b>		STATE	
21. I attended the deceased from <b>8-27-59</b> to <b>9-19-59</b> and last saw her/him alive on <b>Sept 19, 1959</b> Death occurred at <b>11:00 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Charles H. McDaniel</b> (Degree or title)				22b. ADDRESS <b>Senath, Mo.</b>			22c. DATE SIGNED <b>9-21-59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9/20/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Senath</b>		23d. LOCATION (City, town, or county) <b>Senath Missouri</b>				
24. FUNERAL DIRECTOR <b>McDaniel Funeral Service, Senath</b> ADDRESS <b>Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9-22-1959</b>		26. REGISTRAR'S SIGNATURE <b>Carl Hushen</b>			

(Licensed Embalmer's Statement on Reverse Side)

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 This body was not Embalmed Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Terry P. Roberts

Licensed Embalmer No. 4886

P. O. Address Kennett

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.