URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1959

59-034907

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 85

ENDED

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Dexter
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 700 E. So. Main
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First John Middle (NMI) Last Johnson

4. DATE OF DEATH Month Sept. Day 29, Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 6-15-1906

9. AGE (last birthday) 53

IF UNDER 1 YEAR Months 3 Days 14

IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Decorator

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Pike County, Ind.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Arthur Johnson

13b. MOTHER'S MAIDEN NAME Mollie Barnett

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 199-05-9728

17. INFORMANT Mrs. Mollie Madden, Address Dexter, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 Sept. 29, 1959 to Sept. 29, 1959 and last saw him alive on Sept. 29, 1959

Death occurred at 5:00 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G Cannon (Degree or title) D. O.

22b. ADDRESS Dexter, Missouri

22c. DATE SIGNED 9-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-1-59

23c. NAME OF CEMETERY OR CREMATORY Dexter

23d. LOCATION (City, town, or county) (State) Dexter, Missouri

24. FUNERAL DIRECTOR Strickland-Rainey ADDRESS Dexter, Mo.

25. DATE RECD. BY LOCAL REG. 10-2-59

26. REGISTRAR'S SIGNATURE Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

SEP 26 1961

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 Lucille Rainey

Licensed Embalmer No. #983

P. O. Address Dexter, Me

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