

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035506

FILED VS NOV 12 1959 70

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 57

ENDED

1. PLACE OF DEATH a. COUNTY <b>Clark</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Clark</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Sweet Home Twp</b>		Length of stay in 1b <b>life</b>		c. CITY OR TOWN <b>Revere</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Revere</b>		
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Margaret</b> Last <b>Johnson</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>30-</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct 1-1898</b>	9. AGE (last birthday) <b>61</b>	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) <b>Housekeeping</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Edward Galland</b>			13b. MOTHER'S MAIDEN NAME <b>Fidelia Calvert</b>		14. NAME OF HUSBAND OR WIFE <b>Leonard Johnson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Leonard Johnson - Revere 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>Cancer in the Colon</b>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____
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 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 <b>10/1-59</b> to <b>10/30-59</b> and last saw her alive on <b>10/30-59</b> Death occurred at <b>10-PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>J. R. McConell M.D.</b> (Degree or title)				22b. ADDRESS <b>Revere Mo.</b>			22c. DATE SIGNED <b>10-30-59</b>
23a. FUNERAL CREMATION, REMOVAL (Specify)	23b. DATE <b>Nov. 1-1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Peasbville Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Clark Co. Mo.</b>			
24. FUNERAL DIRECTOR <b>Olis L. Letting - Kahala Mo.</b> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>11-2-1959</b>	26. REGISTRAR'S SIGNATURE <b>J. R. McConell</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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Cliff L. Sutton

Licensed Embalmer No. 2965

P. O. Address Greenville

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.