

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038634

FILED VS OCT 28 1959

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 95

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		c. CITY OR TOWN Dexter	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If outside, give location) 320 Bane	

3. NAME OF DECEASED (Type or print) First Thomas Middle Lanford Last Johnson	4. DATE OF DEATH Month Oct. Day 15 Year 1959
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5. SEX Male	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 11-11-1881	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 11 Days 4	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railway Express Agent	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Mt. Carmel, Ill.	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Frank Johnson	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Mary Johnson
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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.	17. INFORMANT Address Mrs. Mary Johnson, Dexter, Mo.
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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) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 8 hours
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) bronchial asthma	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
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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 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 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
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21. I attended the deceased from Sept 1955 to Oct 15 1959 and last saw her alive on Oct 15 1959 Death occurred at 10:35 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Waddell (Degree or title) M. D.	22b. ADDRESS Dexter, Missouri	22c. DATE SIGNED 10-16-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-18-59	23c. NAME OF CEMETERY OR CREMATORY Dexter	23d. LOCATION (City, town, or county) (State) Dexter, Missouri
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24. FUNERAL DIRECTOR ADDRESS Strickland-Rainey Dexter, Mo.	25. DATE RECD. BY LOCAL REG. 10-24-59	26. REGISTRAR'S SIGNATURE Velma V. Jenkins
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 8 I AC7 SA

NOV 21 1962

NOV 13 1962

NOV 10 1958

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 Sweller Rainey

Licensed Embalmer No. 4983

P. O. Address Dexter, Pa.

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.