URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-038923
STATE FILE NUMBER

FILED VS NOV 16 1959

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 542

ENDED

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Columbia
Length of stay in 1b: 9hrs-20min
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Boone County
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN: Columbia
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 206 W. Worley
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Artwell Middle: — Last: Johnson
4. DATE OF DEATH: Month: November Day: 6 Year: 1959
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/6/59
9. AGE (last birthday) IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: 9 Min.: 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Columbia, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Artwell Johnson
13b. MOTHER'S MAIDEN NAME: Jennie Mae Wright
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.:
17. INFORMANT: Mrs. Jennie Wright Johnson Address:

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) Brain damage due to Anoxia during 2nd stage of delivery
INTERVAL BETWEEN ONSET AND DEATH: 9hrs 20min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Abruptio placenta
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Premature delivery
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 11/6/59 to 11/6/59 and last saw her alive on 11/6/59
Death occurred at 1:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Edward L. Washington MD.
22b. ADDRESS: Columbia, Mo
22c. DATE SIGNED: 11/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 7, 1959
23c. NAME OF CEMETERY OR CREMATORY: Stevens
23d. LOCATION (City, town, or county): Stevens (State): Mo.

24. FUNERAL DIRECTOR: Mr Stuart Parker, Columbia, Mo ADDRESS:
25. DATE RECD. BY LOCAL REG.: Nov. 7, 1959
26. REGISTRAR'S SIGNATURE: Mrs R E Palmer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4425

P. O. Address Columbus

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