

# JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-043142

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STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Twp.</u>		Length of stay in 1b <u>1 mo 27 d.</u>	c. CITY OR TOWN <u>Springfield</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MISSOURI STATE HOSP. #3 INSTITUTE <u>Nevada, Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>630 E Elm.</u>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Jean</u> Middle <u>?</u> Last <u>Johnston</u>	4. DATE OF DEATH Month <u>10</u> Day <u>31</u> Year <u>59</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-8-87</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	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) <u>Sales lady</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>unc</u>	11. BIRTHPLACE (City and state or country) <u>Dundee Scotland</u>	12. CITIZEN OF WHAT COUNTRY <u>unc.</u>
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13a. FATHER'S NAME <u>Walter Herd</u>	13b. MOTHER'S MAIDEN NAME <u>Jean Guthrie</u>	14. NAME OF HUSBAND OR WIFE <u>unc</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unc</u>	16. SOCIAL SECURITY NO. <u>unc</u>	17. INFORMANT Address <u>Records Mo. State Hosp #3 Nevada Mo.</u>
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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) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
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) <u>Chronic Brain Syndrome Assoc. with Cerebral Arteriosclerosis</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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 9-4-59 to 10-31-59 and last saw her <sup>her</sup> <sub>him</sub> alive on 10-31-59  
Death occurred at 7:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. J. Campbell</u>	(Degree or title)	22b. ADDRESS <u>Nevada mo</u>	22c. DATE SIGNED <u>10-31-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11/1/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
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24. FUNERAL DIRECTOR <u>Herman Lohmeyer</u>	ADDRESS <u>Springfield, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 13-1959</u>	26. REGISTRAR'S SIGNATURE <u>Arnold E. Perry</u>
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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 Percy F. Milster

Licensed Embalmer No. 4805  
P. O. Address Nevada, Mo

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.