

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-000466

FILED VS FEB 15 1960

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 78 STATE FILE NUMBER

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|--|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>BUTLER</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR BLUFF</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LUCY LEE HOSPITAL</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JUNKLIN</u> c. CITY OR TOWN <u>SENATH - RURAL</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <u>R-2</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>MARY KNIGHT JOHNSON</u> | | 4. DATE OF DEATH Month Day Year <u>JAN- 27- 1960</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>White</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>7-18-1888</u> | 9. AGE (last birthday) <u>71</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>farm management</u> | | 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>HUGH KNIGHT</u> 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> 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) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> 17. INFORMANT <u>Not known - Mrs. N. M. Johnson - Senath Mo</u> 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) <u>Coronary infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>Immediate.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> <u>unk</u> 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 _____ 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 <u>1/16/60</u> to <u>1/27/60</u> and last saw him/her live on <u>1/27/60</u> Death occurred at <u>12:30</u> P _m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>John R. Lynch MD</u> | | | 22b. ADDRESS <u>330 N. 2nd St. - Poplar Bluff, Mo.</u> | | 22c. DATE SIGNED <u>2/5/60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Jan 30 - 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Liberty</u> | | 23d. LOCATION (City, town, or county) (State) <u>Senath, Mo (R)</u> |
| 24. FUNERAL DIRECTOR <u>Paul Salas</u> | | 25. DATE RECD. BY LOCAL REG. <u>2/6/60</u> | | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | |

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond L. Duffin

Licensed Embalmer No. 4798

P. O. Address Bernie, T.

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.