RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 25 1960

60-000819

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 12

DED

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville
Length of stay in 1b: 20 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Boonville
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 300 E. Spring St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Violet Middle Johnson Last Terry

4. DATE OF DEATH: Month January Day 18 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept. 15, 1885
9. AGE (last birthday): 74
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Stanton, Iowa.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Samuel Johnson
13b. MOTHER'S MAIDEN NAME: No record
14. NAME OF HUSBAND OR WIFE: Chas. H. Terry.

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.: 487-07-0922
17. INFORMANT: Mrs. Della T. Brown, Boonville, MO

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) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1-2 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis myocarditis unknown
DUE TO (c) cardiac failure — 2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arteriosclerosis; uremia; chr. nephritis

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 6-12-58 to 1-18-60 and last saw her/him alive on 1-18-60
Death occurred at 11:20 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G. L. Chamberlain MD
22b. ADDRESS: Boonville, Mo
22c. DATE SIGNED: 1-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 29, 1960
23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove
23d. LOCATION (City, town, or county) (State): Boonville, Mo.

24. FUNERAL DIRECTOR: Goodman & Boller, Boonville, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: 1/20/60
26. REGISTRAR'S SIGNATURE: D. E. Hooper

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William N. Wood

Signature of Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Boonville, Mo

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