

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002588

LED VS FEB

4 1960 226

Registration District No. 226 Primary Registration District No. 4335 Registrar's No. 5

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY MONROE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MONROE CITY | | c. CITY OR TOWN Monroe City | |
| Length of stay in 1b 1 Yr 1 rs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. CLEVELAND ST | | d. STREET ADDRESS (If outside, give location) 400 N. Main St. | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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|--|----------------------------------|---|---|--|---|--|
| 3. NAME OF DECEASED (Type or print) First IRA Middle SLADE Last JOHNSON | | | 4. DATE OF DEATH Month JANUARY Day 26 Year 1960 | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1-12-76 | 9. AGE (last birthday) 84 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (Ret) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) MONROE COUNTY, MO | | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
| 13a. FATHER'S NAME JOBE JOHNSON | | 13b. MOTHER'S MAIDEN NAME AMANDA GREENING | | 14. NAME OF HUSBAND OR WIFE MARY ROSE JOHNSON | | |
| 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 <i>Mrs. Brown Johnson Quincy Ill</i> Address | | |

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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) CHRONIC MYOCARDITIS | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease entered in PART I (a) Generalized Arteriosclerosis | | 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 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.) | |
| 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 MONROE CITY, MO | COUNTY MONROE | STATE MO |
| 21. I attended the deceased from DECEMBER 19-59 to JAN. 26-60 and last saw him alive on JANUARY 26-1960 . Death occurred at 10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | |

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| 22a. SIGNATURE <i>Harold F. Ellis D.O.</i> | | 22b. ADDRESS <i>Monroe City, Mo.</i> | | 22c. DATE SIGNED 1-27-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 1-29-60 | 23c. NAME OF CEMETERY OR CREMATORY St ANDREW CEMETERY | | 23d. LOCATION (City, town, or county) (State) STOUTSVILLE, MO |

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|--|-----------------------------------|--|--|
| 24. FUNERAL DIRECTOR <i>Wilson & Sons</i> | ADDRESS <i>Monroe City, Mo</i> | 25. DATE RECD. BY LOCAL REG. 1-30-60 | 26. REGISTRAR'S SIGNATURE <i>Elsie Miller</i> |
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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
or by me Lester L. Wilson, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lester L. Wilson

Licensed Embalmer No. 3014
P. O. Address Monroe La

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.