

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-002781

FILED VS JAN 18 1960 274

3052 Registrar's No. 12

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pettis</u>									
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>Sedalia</u>		Length of stay in 1b <u>78 yrs</u>		c. CITY OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bothwell</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>120 E. Jefferson</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Johnson</u> Last <u>Johnson</u>				4. DATE OF DEATH Month <u>1</u> Day <u>2</u> Year <u>1960</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>Negro</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Unknown</u>		9. AGE (last birthday) <u>Unknown</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (City and state or country) <u>Pettis County MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Smith Johnson</u>				13b. MOTHER'S MAIDEN NAME <u>Emma Adams</u>				14. NAME OF HUSBAND OR WIFE <u>Jennie Dyer</u>					
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 <u>Jennie Dyer</u>		Address <u>Sedalia MO</u>					
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>Cerebral apoplexy</u>										INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
DUE TO (b) <u>diabetes mellitus</u>										unknown			
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>arterio-sclerosis</u>										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 <u>  </u> a.m. <u>  </u> p.m. <u>  </u> Month, Day, Year <u>  </u> - <u>  </u> - <u>  </u>													
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>Feb 16 - 57</u> to <u>Jan 2 - 60</u> and last saw him alive on <u>1 - 2 - 60</u> Death occurred at <u>Sedalia 1 - 2 - 60 - 7 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>A.R. Madrox M.D.</u>				22b. ADDRESS <u>Sedalia MO</u>				22c. DATE SIGNED <u>1-5-60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-7-1960</u>		23c. NAME OF CEMETERY, OR CREMATORY <u>Crown Hill Annex</u>		23d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis MO</u>							
24. FUNERAL DIRECTOR <u>George H. Green</u>				ADDRESS <u>Academy</u>		25. DATE RECD. BY LOCAL REG. <u>1-7-1960</u>		26. REGISTRAR'S SIGNATURE <u>Francis Sheehey</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 George H. Green

Licensed Embalmer No. 472

P. O. Address Marshall

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