

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-004745

FILED VS FEB 3 1960 336

Registration District No. _____ Primary Registration District No. **336** Registrar's No. **42**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY	<i>Shannon</i>	a. STATE	<i>Missouri</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only)	<i>Winona</i>	b. COUNTY	<i>Shannon</i>		
OR TOWN		c. CITY OR TOWN	<i>Winona</i>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION	<i>Harley Nash Home</i>		d. STREET ADDRESS	(If outside, give location)	
	Inside Limits			Reside on Farm	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			First		Middle		Last		4. DATE OF DEATH			
			<i>Ethel</i>		<i>M.</i>		<i>Johnson</i>		<i>January 17, 1960</i>			
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR					
<i>Female</i>	<i>White</i>		<i>Oct. 10, 1890</i>	<i>69</i>	Months	Days	Hours	Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY					
<i>Housewife</i>					<i>Birch Tree, Mo.</i>		<i>USA</i>					
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE						
<i>Francis M. Wilson</i>			<i>Sarah Chrisco</i>			<i>Charles C. Johnson</i>						

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		Address	
<i>no</i>		<i>no</i>	<i>yes</i>		<i>Charles C. Johnson Winona, Missouri</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a)			<i>3 days</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <i>Apoplexy (apoplexy)</i>					
DUE TO (c) <i>Atherosclerosis (Arteriosclerosis)</i>					
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

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	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 <i>Jan 7, 1960</i> to <i>Jan 17, 1960</i> and last saw her <i>Jan 17, 1960</i> alive on <i>Jan 17, 1960</i> . Death occurred <i>8:45 PM</i> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<i>D. A. Brown D.O.</i>	<i>Birch Tree, Mo</i>	<i>1/23/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
<i>Burial</i>	<i>1/21/60</i>	<i>New Eminence Cemetery</i>
		23d. LOCATION (City, town, or county) (State)
		<i>Eminence, Missouri</i>

24. FUNERAL DIRECTOR	ADDRESS	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
<i>Funcom Funeral Home</i>	<i>Mtn. View, Mo.</i>	<i>2-1-60</i>	<i>Mabel Ball</i>

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 Richard G. Norton

Licensed Embalmer No. 5027

P. O. Address Mt. Vernon

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.