

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005160

FILED VS MAR 14 1960

38

Primary Registration District No. 5120

Registrar's No. 145

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Bonne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bonne</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in lb <u>7mo</u>		c. CITY OR TOWN <u>Columbia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 4</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Route 4</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>BARBRA ANN JOHNSON</u>				4. DATE OF DEATH Month Day Year <u>March 9 - 1960</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>negro</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>8-13-1951</u>		9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>7</u>	
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) <u>Bonne County Mo. U. S. A.</u>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>Frank Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Allene Petherford</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)			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT <u>Frank Johnson, Columbia, 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>Extensive burns</u>							INTERVAL BETWEEN ONSET AND DEATH <u>Sweden</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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 checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) <u>deceased burned to death in</u>					
20c. TIME OF INJURY Hour a.m. p.m. <u>8:00</u>		Month, Day, Year <u>March 9, 1960</u>		fire in which house was destroyed					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		20f. CITY, TOWN, OR LOCATION <u>Columbia</u>		COUNTY <u>Bonne</u>		STATE <u>Missouri</u>	
21. I attended the deceased from <u>Coroner's Case</u> and last saw her/him alive on <u>---</u> Death occurred at <u>approx 8:00 a</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Urbert P Perma MD Coroner</u>				22b. ADDRESS <u>Unit 7 No. Mes Centre Columbia</u>				22c. DATE SIGNED <u>March 10, 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 10, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rock Bridge</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>			
24. FUNERAL DIRECTOR <u>Mrs Stuart Parker, Columbia, Mo.</u>				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>March 10 1960</u>		26. REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</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  \_\_\_\_\_

Licensed Embalmer No. 4425  
P. O. Address Columbus

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.