URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 16 1960

-60-007103

STATE FILE NUMBER

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 31

NDED

1. PLACE OF DEATH
a. COUNTY LEWIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HIGHLAND TWSP. — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. NW Durham — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY LEWIS
c. CITY OR TOWN DURHAM — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 mi. NW Durham — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First ADDIE Middle M Last JOHNSON
4. DATE OF DEATH Month MARCH Day 2 Year 1960

5. SEX MALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/23/81
9. AGE (last birthday) 79
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) LABORER
10b. KIND OF BUSINESS OR INDUSTRY GENERAL
11. BIRTHPLACE (City and state or country) MAYWOOD, MO.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOHN JOHNSON
13b. MOTHER'S MAIDEN NAME ADDIE NUNN
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) XXXXXXXXX
16. SOCIAL SECURITY NO. NONE
17. INFORMANT EUNICE HUTCHINSON, EWING, MO. Address

MEDICAL CERTIFICATION

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)	Coronary Thrombosis	Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	5 years
DUE TO (c)		

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

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 Mar. 25, 1953 to Mar. 2, 1960 and last saw her/him alive on Feb. 21, 1960
Death occurred at 10:30 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Harry L. McBrocker (Degree or title) D.O.
22b. ADDRESS La Belle, Missouri
22c. DATE SIGNED 3/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 3/4/60
23c. NAME OF CEMETERY OR CREMATORY DURHAM
23d. LOCATION (City, town, or county) (State) DURHAM, MISSOURI

24. FUNERAL DIRECTOR Charles L. Arnold Jr. ADDRESS LEWISTOWN, MO.
25. DATE RECD. BY LOCAL REG. 3-9-60
26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles L. Arnold Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MO

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