RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-010747

STATE FILE NUMBER

FILED VS APR 11 1960 142 Registration District No. 5556 Primary Registration District No. 5556 Registrar's No. 23

DED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howell
c. CITY OR TOWN Mountain View — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1 Mi S. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Franklin Last Johnson
4. DATE OF DEATH Month March Day 18, Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6/8/1869
9. AGE (last birthday) 90 — 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Birgeville, Ky.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Ida Elizabeth Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT Willis Johnson Address Rt. #1 Mtn. View, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 4 years
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) age
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 last four years, to and last saw her/him alive on March 18, 1960
Death occurred at 9:50 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. Beasan, DC
22b. ADDRESS Mountain View, Mo.
22c. DATE SIGNED 3/26/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/20/60
23c. NAME OF CEMETERY OR CREMATORY Walker Chapel Cemetery
23d. LOCATION (City, town, or county) (State) Trask, Missouri

24. FUNERAL DIRECTOR ADDRESS Duncan Funeral Home Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG. 4-4-60
26. REGISTRAR'S SIGNATURE Laura Mitchell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Richard A. Norton

Signature of Student Embalmer

Licensed Embalmer No. 5029

P. O. Address Mtn View

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