

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013964

FILED VS MAR 16 1960

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 6234 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elkhorn Twp Wright City		Length of stay in 1b 20 years	c. CITY OR TOWN 3 mi West of Wright City Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home - Rt. -2 Box # 112		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. -2 Box # 112 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Macy Middle Johnson Last Johnson			4. DATE OF DEATH Month 3 - Day 4 - Year 1960			
5. SEX Female	6. COLOR OR RACE Colored	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/10/11 48	9. AGE (last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Warrenton, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME John Dean		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE J. W. Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unknown	17. INFORMANT Rt. 2 - Box # 112 J.W. Johnson - Wright City, Missouri			

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) Carcinoma of Pancreas with Metastasis		unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Metastatic Carcinoma of Liver with Janundice	"
	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 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 a.m. p.m.	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 **1-5-60** to **3-4-60** and last saw her alive on **2-29-60**
Death occurred at **3.00 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In green or blue ink) <i>[Signature]</i>	22b. ADDRESS Warrenton, Missouri	22c. DATE SIGNED 3-11-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/11/1960	23c. NAME OF CEMETERY OR CREMATORY Warrenton Cemetery
24. FUNERAL DIRECTOR Gus Lowe-2930 Dickson St. St. Louis 6, Mo.		23d. LOCATION (City, town, or county) (State) Warrenton, Missouri

24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG. 3-11-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
------------------------------	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 16 1960

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 Leroy W. Bannister

Licensed Embalmer No. 4523

P. O. Address 4251 Wash

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