

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014190

FILED VS APR 25 1960

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 243 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>48 day</u>	c. CITY OR TOWN <u>Fulton</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>Mo. University Medical Center</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Route #3</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Uva William Johnson</u>			4. DATE OF DEATH Month Day Year <u>April 21 1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-18-1900</u>	9. AGE (last birthday) <u>59</u>	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) <u>Hospital Attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fulton State Hosp. Vermilion, Ind.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nathan Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Remley</u>		14. NAME OF HUSBAND OR WIFE <u>Edith M. Johnson</u>	
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>342-09-8234</u>		17. INFORMANT Address <u>Hospital Record</u> <u>M.U. Medical Center, Columbia, Mo</u>	
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>abscess pons</u> DUE TO (b) <u>abscess, lung, left upper lobe</u> DUE TO (c) <u>Aspiration following trauma</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Tuberculosis vertebrae, prostate & adrenal</u> 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					INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>deceased attacked and beaten cuts</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <u>Jan 30 1960</u>		20d. INJURY OCCURRED WHILE AT WORK? <input checked="" 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.) <u>Fulton State Hospital</u> 20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Fulton Callaway Missouri</u>			
21. I attended the deceased from <u>Coroner's Case</u> and last saw her/him alive on <u>6th p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Venant P Perra mo Coroner</u>			22b. ADDRESS <u>Univ. of Mo. Med Center</u>		22c. DATE SIGNED <u>21 April 60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-24-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Callaway mem. Home</u>		23d. LOCATION (City, town, or county) (State) <u>Callaway County, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Morgan Funeral Home, Fulton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>April 23 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 10 1964

MAY 16 1961

STATEMENT BY LICENSED EMBALMER

MAY 4 1960

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 Marshall G. Black

Licensed Embalmer No. 4713

P. O. Address Fulton,

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.