

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015027

FILED VS. MAY 9 1960

137

Primary Registration District No. 3023

Registrar's No. 127

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Length of stay in lb 5 days		c. CITY OR TOWN Brownington Mo RR#2		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RR # 8		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Harvey Middle Cecil Last Johnson				4. DATE OF DEATH Month May Day 1 Year 1960			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept 12, 1915	9. AGE (last birthday) 44	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 farming		11. BIRTHPLACE (City and state or country) Johnson Co, Ark		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME R.L. Johnson		13b. MOTHER'S MAIDEN NAME Velva Jane Rason		14. NAME OF HUSBAND OR WIFE Annabel Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) World War 2		16. SOCIAL SECURITY NO. 452-202951		17. INFORMANT Address RR#2 Mrs. Annabel Johnson Brownington, M			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) Myocardial Insufficiency 4 hours							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Peripheral-vascular failure 12 hours							
DUE TO (c) Overwhelming Infection + Toxemia 6 days							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (do not relate to the terminal disease condition given in PART I (a)) Ruptured appendix - Gen. Peritonitis							
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 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 4-23-60 to 5-1-60 and last saw him alive on 5-1-60 Death occurred at 6:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Clinton L. Glosop DO				22b. ADDRESS 105 E. Ohio Clinton Mo		22c. DATE SIGNED 5/2/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE May 2, 1960		23c. NAME OF CEMETERY OR CREMATORY Croosbyton cem		23d. LOCATION (City, town, or county) (State) Crosbyton Texas	
24. FUNERAL DIRECTOR Sickman & Dunning FH				25. DATE RECD. BY LOCAL REG. May 2 - 1960		26. REGISTRAR'S SIGNATURE Mildred Biggs	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAY 10 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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton

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.