

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 22 1960

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=60-016121
STATE FILE NUMBER

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

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE Township	Length of stay in 1b	c. CITY OR TOWN ATLANTA	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If outside, give location) _____	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ernest Middle E. Last JOHNSON			4. DATE OF DEATH Month 4 Day 2 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 8/18/1894	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months 7 Days 14 Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) ATLANTA, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HARVE JOHNSON		13b. MOTHER'S MAIDEN NAME ANNA Victoria FARRIS	14. NAME OF HUSBAND OR WIFE Alice Perkins 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. 489-42-2269	17. INFORMANT Address Mrs. Alice JOHNSON - ATLANTA, MO		

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 Instantaneous 5-401
IMMEDIATE CAUSE (a) Coronary Occlusion		
DUE TO (b) Arterio sclerosis		
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 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 January 4, 1955 to April 2, 1960 and last saw him alive on April 2, 1960 Death occurred at 4-2-60 - 1330 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Date or time) Harold S. Phelps		22b. ADDRESS Le Plate Mo.	22c. DATE SIGNED 4-2-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-4-1960	23c. NAME OF CEMETERY OR CREMATORY Steele Cemetery	23d. LOCATION (City, town, or county) (State) ATLANTA - MO
24. FUNERAL DIRECTOR Theo H. Goodding - ATLANTA, MO	ADDRESS _____	25. DATE RECD. BY LOCAL REG. 4/3/60	26. REGISTRAR'S SIGNATURE Walter M. Neely

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0691-2
ATLANTA - ...
VS NOV 1 1960
VS NOV 15 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 Shes H. Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta

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.