

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018004

FILED VS MAY 10 1960

Registration District No. 323 Primary Registration District No. 4479 Registrar's No. 21

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If, institution: Residence before admission)	
a. COUNTY <u>Schuyler</u>	Length of stay in lb <u>5 yrs</u>	a. STATE <u>Mo</u>	b. COUNTY <u>Schuyler</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Queen City</u>		c. CITY OR TOWN <u>Queen City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>George</u>	Middle <u>Andrew</u>	Last <u>Johnson</u>	Month <u>May</u>	Day <u>5</u>	Year <u>60</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>May 10 '76</u>	9. AGE (last birthday) <u>83</u>	10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Howard, Pa. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>			
13a. FATHER'S NAME <u>Benjamin Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Silvetha Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Ludie Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT Address				

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) <u>Medullary failure</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral thrombosis</u>	<u>1 month</u>
	DUE TO (c) <u>Atherosclerosis</u>	<u>Year</u>

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
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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 4-20-60 to 5-5-60 and last saw ^{her}him alive on April 30, 1960
Death occurred at 3:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>H.K. Stecker, D.O.</u>	22b. ADDRESS <u>Lancaster, Mo.</u>	22c. DATE SIGNED <u>5-6-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 8, '60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Germania Cemetery east of Queen City Mo</u>	23d. LOCATION (City, town, or county) (State) <u>Queen City Mo</u>
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24. FUNERAL DIRECTOR <u>Jack & Son</u>	25. DATE RECD. BY LOCAL REG. <u>5-6-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.J. Drake</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed *John H. [Signature]*
Licensed Embalmer No. 461

P. O. Address Green City

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.