

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020273

FILED VS JUN 3 1960

Registration District No. 256 Primary Registration District No. 5873 Registrar's No. 14

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Alton</u>		Length of stay in lb <u>65 year</u>		c. CITY OR TOWN <u>Alton</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 Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Clyde</u> Middle <u>Mather</u> Last <u>Johnson</u>			4. DATE OF DEATH Month <u>May</u> Day <u>19</u> Year <u>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>11-6-1894</u>	9. AGE (last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR
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 <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Alton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Nannie Bell Sutton</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie Mae Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none none</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Mrs. Lottie Johnson, Alton, Missouri</u> Address		
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>Pulmonary edema</u>						INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Bronchogenic Carcinoma</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		
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 <u>May 1560</u> , to _____ and last saw ^{her} him alive on _____ Death occurred at <u>9:15 A.</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>A Walker</u> (Degree or title) <u>MD</u>			22b. ADDRESS <u>Marionville, Ark</u>			22c. DATE SIGNED <u>5-20-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5-21-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cave Spring Cemetary</u>		23d. LOCATION (City, town, or county) (State) <u>Alton, Missouri</u>		
24. FUNERAL DIRECTOR <u>Carter Lumber Home, Marionville, Mo</u>		ADDRESS <u>Marionville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 26/60</u>	26. REGISTRAR'S SIGNATURE <u>Mrs W C Johnson</u>		

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. 451 working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard Carter

Licensed Embalmer No. 451

P. O. Address West Plains

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.