

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020504

FILED VS JUN 1 1960 301

Registration District No. 301 Primary Registration District No. Registrar's No. 42

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Flatwoods Twp.		c. CITY OR TOWN Fairdealing	
Length of stay in 1b 12 hrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairdealing, Mo. R#1		d. STREET ADDRESS (If outside, give location) R#1	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last William Cloyd Johnson			4. DATE OF DEATH Month Day Year MAY 24, 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 April 19, 1904	9. AGE (last birthday) 56	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) Police man		10b. KIND OF BUSINESS OR INDUSTRY City		11. BIRTHPLACE (City and state or country) Hamilton County, Ill		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William W. Johnson		13b. MOTHER'S MAIDEN NAME Effie Beecham		14. NAME OF HUSBAND OR WIFE Naomi 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. None		17. INFORMANT Naomi Johnson Fairdealing, Mo.	
Address R#1					

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 30 MIN
IMMEDIATE CAUSE (a) Coronary Thrombosis			
DUE TO (b) HYPERTENSIVE Cardio Vascular Disease			
DUE TO (c) 10 yrs.			
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **5-1-60** to **5-24-60** and last saw ^{her} him alive on **5-24-60**.
Death occurred at **1 PM at his home** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. B. Brown	22b. ADDRESS 903 Elm	22c. DATE SIGNED 5-25-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 27, 1960	23c. NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery	23d. LOCATION (City, town, or county) (State) Ripley County, Mo
24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo	25. DATE RECD. BY LOCAL REG. 5-27-60	26. REGISTRAR'S SIGNATURE Flava Broz	

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

Gene Sturtevant

Licensed Embalmer No. 4809

P. O. Address Taylor, Mo

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.