URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 21 1960

-60-023665

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 3034 Registrar's No. 55

ENDED

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Higginsville — Length of stay in 1b: 20 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 204 West 26th — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Lafayette
c. CITY OR TOWN: Higginsville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 204 West 26th. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Magdalene — Middle: — Last: Johnson

4. DATE OF DEATH: Month 6 — Day II — Year 1960

5. SEX: Female
6. COLOR OR RACE: N egroe
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: I2-I5, I909
9. AGE (last birthday): 50 — IF UNDER 1 YEAR: Months 5 Days 26 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Fishcreek, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Seimon S. Washington
13b. MOTHER'S MAIDEN NAME: Phebe H. Grey
14. NAME OF HUSBAND OR WIFE: Albert Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Aglana Johnson — Address: Higginsville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): natural causes probably coronary
DUE TO (b): Occlusio
DUE TO (c): Obesity.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Found dead in bed 7 30/7 m 6-11-60 by daughter

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 after death to on 6-11-60 and last saw her/him alive on never
Death occurred at seen alive at 4 A m 6-11-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W Martin MD Coroner
22b. ADDRESS: Odessa Mo
22c. DATE SIGNED: 6-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-I3, I960
23c. NAME OF CEMETERY OR CREMATORY: Mt Muncie
23d. LOCATION (City, town, or county) (State): Higginsville Mo.

24. FUNERAL DIRECTOR: Forrest A. Hoefer — ADDRESS: Higginsville, Mo.
25. DATE RECD. BY LOCAL REG.: June. 14. 1960
26. REGISTRAR'S SIGNATURE: Lutie Gordon Jordan

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 12 1960

JUL 28 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 Forrest R. Hoefer

Licensed Embalmer No. 480I

P. O. Address Higginsville, I

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.