

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-030333

FILED VS. SEP 6 1960

137

Primary Registration District No. 3023

Registrar's No. 207

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in lb <u>8 day</u>		c. CITY OR TOWN <u>Clinton</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 <u>W. H. H. Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RFD 5</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>EARL</u> Middle <u>W</u> Last <u>JOHNSON</u>				4. DATE OF DEATH Month <u>Aug</u> Day <u>28</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>1-20-1890</u>	9. AGE (last birthday) <u>70</u>	10. UNDER 1 YEAR Months <u>7</u> Days <u>8</u>		11. IF UNDER 24 HR Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>St. Clair County MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John W Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Della Reasoner</u>		14. NAME OF HUSBAND OR WIFE <u>Edna S 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</u>		16. SOCIAL SECURITY NO. <u>578-50-8808</u>		17. INFORMANT <u>Edna Johnson Clinton MO</u>			
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>Myocardial Insufficiency</u>							<u>48 hrs.</u>
DUE TO (b) <u>Marked Decreased Hematopoiesis</u>							<u>months</u>
DUE TO (c) <u>Chronic Lymphocytic Leukemia</u>							<u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>marked debilitation</u>							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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20e. TIME OF INJURY Hour <u>-</u> a.m. <u>-</u> p.m. <u>-</u>	20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20g. CITY, TOWN, OR LOCATION <u>Clinton</u> COUNTY <u>MO</u> STATE <u>MO</u>			
20h. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20i. DATE OF DEATH <u>8-1-60</u> to <u>8-28-60</u> and last saw him alive on <u>8-28-60</u>					
21. I attended the deceased from <u>4:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Clinton L. Glespy, D.O.</u>				22b. ADDRESS <u>105 E. Ohio, Clinton, Mo.</u>		22c. DATE SIGNED <u>8/29/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/30/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>		23d. LOCATION (City, town, or county) <u>Appleton City MO</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>F. L. SCHABER</u>		ADDRESS <u>CLINTON, MO</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 30, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Waldemar Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. L. Schaberg

Licensed Embalmer No. 451

P. O. Address Clinton

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