

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031500

FILED VS AUG 29 1960

Registration District No. 203 - Primary Registration District No. 5869 Registrar's No. 21

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY OREGON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OREGON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FALLING SPRINGS TWP		Length of stay in 1b -		c. CITY OR TOWN FALLING SPRINGS TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 R. ROUTE - WINONA, MO		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HATTIE Middle NONE Last JOHNSON			4. DATE OF DEATH Month 8 Day 18 Year 1960				
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/16/1868	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) INDIANA		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME JOHN SHARP		13b. MOTHER'S MAIDEN NAME MARY POWELL		14. NAME OF HUSBAND OR WIFE S. JOHNSON - dec -			
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. -		17. INFORMANT WALTER JOHNSON ALTON, MO -			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SENILITY.						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)							
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 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 JAN 10 - 1960 , to AUG 2 - 60 and last saw her ^{her} alive on AUG 2 - 1960 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) H. D. Rollins M.D.				22b. ADDRESS Winona MO		22c. DATE SIGNED 8/23-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/20/1960		23c. NAME OF CEMETERY OR CREMATORY POKEY HOLLOW CEM.		23d. LOCATION (City, town, or county) (State) CARTER COUNTY, MO.	
24. FUNERAL DIRECTOR Ernest C. Clary, Winona, MO				25. DATE RECD. BY LOCAL REG. 8-26-60		26. REGISTRAR'S SIGNATURE Mrs W C Johnson	

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 Ernest C. Clary, Student Embalmer No. 602
working under my personal supervision.

Student Ernest Eugene Clary
Signature of Student Embalmer

Signed John D. Clary
Licensed Embalmer No. 44756

P. O. Address Box 398, A

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.