IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-038143
STATE FILE NUMBER

FILED NOV 9 1960
NDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bethany, Mo.
Length of stay in 1b: 28 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Noll Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Harrison
c. CITY OR TOWN: New Hampton
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): Central Part
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: William Middle: Lewis Last: Johnson
4. DATE OF DEATH: Month: Nov. Day: 3, Year: 1960
5. SEX: Male
6. COLOR OR RACE: Cau.
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 5/4/1874
9. AGE (last birthday): 86
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): Painter (Ret)
10b. KIND OF BUSINESS OR INDUSTRY: Interior & Exterior Painting
11. BIRTHPLACE (City and state or country): Mo. Harrison Co.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Johnson
13b. MOTHER'S MAIDEN NAME: Margart J. Daily
14. NAME OF HUSBAND OR WIFE: Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 496-03-7767
17. INFORMANT: Mrs. J. M. Ward Address: New Hampton, 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): 2nd & 3rd Degree Burns of 50% of The body surface - face, back, arms, legs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 27 days.
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. [ ] Yes [ ] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Suffered severe burns when gas stove exploded and he attempted to put out the fire.
20c. TIME OF INJURY: Hour 5:30 a.m. p.m. Month, Day, Year: 10-7-60
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
20f. CITY, TOWN, OR LOCATION: New Hampton COUNTY: Harrison STATE: Mo.
21. I attended the deceased from 10-7-60, to 11-3-60 and last saw her/him alive on 11-3-60.
Death occurred at 10:40 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Albert Tribe (Degree or title) M.D.
22b. ADDRESS: Bethany Mo.
22c. DATE SIGNED: 11-4-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 5, 1960
23c. NAME OF CEMETERY OR CREMATORY: White Oak Cemetery
23d. LOCATION (City, town, or county): Harrison Co. (State): Mo.
24. FUNERAL DIRECTOR: Noble Funeral Home ADDRESS: New Hampton, Mo.
25. DATE RECD. BY LOCAL REG.: 11-5-1960
26. REGISTRAR'S SIGNATURE: Ella Maxey

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed William George Noble

Signature of Student Embalmer

Licensed Embalmer No. 4987

P. O. Address Bethany, M

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