

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 10 1960

-60-039019

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 433

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in lb	c. CITY OR TOWN Hannibal
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 702 Vermont
			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Clohe Middle Lane Last Johnson			4. DATE OF DEATH Month Sept. Day 29 Year 1960		
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5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 28, 1960	9. AGE (last birthday) IF UNDER 1 YEAR Months 9 Days 45	IF UNDER 24 HR Hours 45 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hannibal, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Clifford E. Johnson	13b. MOTHER'S MAIDEN NAME Rotena P.	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Rotena P. Johnson Hannibal, Missouri	Address 702 Vermont
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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) Pulmonary atelectasis		10 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Premature delivery	
	DUE TO (c) Premature rupture of fetal membranes	3 wks
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.)
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20c. TIME OF INJURY Hour 3:00 a.m. p.m.	Month, Day, Year
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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 Hannibal, Missouri	COUNTY Marion	STATE Missouri
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21. I attended the deceased from **9-28-60** to **9-29-60** and last saw her alive on **9-29-60**
Death occurred at **3:00 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Francis R. Burns, M.D.	(Degree or title)	22b. ADDRESS Hannibal, Missouri	22c. DATE SIGNED 11-3-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 30, 1960	23c. NAME OF CEMETERY OR CREMATORY Robinson Cemetery	23d. LOCATION (City, town, or county) Hannibal, Missouri	(State)
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24. FUNERAL DIRECTOR Edmund E. Robinson	ADDRESS Hannibal, Mo.	25. DATE RECD. BY LOCAL REG. 11/4/60	26. REGISTRAR'S SIGNATURE St. E. M. Lucke by Lillian M. Norman
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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 Edward E. Robinson
Edward E. Robinson

Licensed Embalmer No. 4999

P. O. Address Hannibal, 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.