

# VITAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

NOV 14 1960

-60-040676

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 48

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>STE. GENEVIEVE</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. GENEVIEVE</u>		a. STATE <u>MO</u>		b. COUNTY <u>WAYNE</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>REST STE. GENEVIEVE HOME</u>		Length of stay in 1b <u>3 YRS</u>		c. CITY OR TOWN <u>PIEDMONT</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>BELLE</u>		Middle		Last <u>JOHNSON</u>		Month <u>NOV</u> Day <u>5</u> Year <u>1960</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/4/78</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR		IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>BELGRADE MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>JAMES RIVES</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH HILL</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM E. 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>NONE</u>		17. INFORMANT <u>Robert Johnson &amp; Louis Pro</u> Address			
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>Hypostatic Pneumonia</u>						<u>12 h</u>	
DUE TO (b) <u>Debility &amp; Transition</u>						<u>5 days</u>	
DUE TO (c) <u>Atherosclerosis</u>						<u>5 years</u>	
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.)			
20c. TIME OF INJURY		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
Hour		Month, Day, Year		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	
a.m.						COUNTY	
p.m.						STATE	
21. I attended the deceased from <u>Sept. 1960</u> to <u>Nov 3, 1960</u> and last saw her <u>8:30 P.M., 11/4/60</u>				Death occurred at <u>11/5/60 - 5:30 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree & title) <u>Reed E. Martin, D.O</u>				22b. ADDRESS <u>Ste. Genevieve, MO</u>		22c. DATE SIGNED <u>11/7/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/7/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>		23d. LOCATION (City, town, or county) (State) <u>PIEDMONT MO</u>	
24. FUNERAL DIRECTOR <u>Wm. Coder Piedmont</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Nov. 7, 1960</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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 Les C. Ascher

Licensed Embalmer No. 1985

P. O. Address Sto. Helena

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.