

1971 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041497

FILED VS DEC 15 1960

Registration District No. 108 Primary Registration District No. _____ Registrar's No. 98 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, give TOWNSHIP only) Texas Township		Length of stay in 1b 2 years	c. CITY OR TOWN Salem
c. FULL NAME OF DECEASED (If NOT in hospital, give location) Residence - 7 miles W. of Salem on Hwy 32		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Licking Route
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First JAMES Middle FRANKLIN Last JOHNS			4. DATE OF DEATH Month Dec Day 9 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/23/71	9. AGE (last birthday) 89	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) Farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Dent County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas Johns		13b. MOTHER'S MAIDEN NAME Mary Jones		14. NAME OF HUSBAND OR WIFE Deceased		

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. None	17. INFORMANT Verna Click Licking Rte, Salem, Mo.	Address
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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) Arteriosclerotic heart disease		10 yrs.
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 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 Hour _____ a.m. _____ p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **5/23/57** to **11/25/60** and last saw her/him alive on **11/25/60**
Death occurred at **10:30 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Math M. Dax, M.D.	(Degree or title)	22b. ADDRESS Salem Missouri	22c. DATE SIGNED 12/10/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/12/60	23c. NAME OF CEMETERY OR CREMATORY Round Pond Cemetery	23d. LOCATION (City, town, or county) (State) Dent County Missouri

24. FUNERAL DIRECTOR Max L. Waples	ADDRESS Salem, Mo.	25. DATE RECD. BY LOCAL REG. 12/10/60	26. REGISTRAR'S SIGNATURE M. M. Dax, M.D. by [Signature]
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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 James E. Kuittricht, Student Embalmer No. 611
working under my personal supervision.

Student James E. Kuittricht
Signature of Student Embalmer

Signed Max L. Warfield

Licensed Embalmer No. 4170

P. O. Address Salem, Va.

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.