

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-043060

FILED VS NOV 23 1960

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 222

DED

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rplla</u>		Length of stay in 1b <u>10-26-60</u>	c. CITY OR TOWN <u>Salem</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Phelps County Mem</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Salem Mo</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>M</u> Last <u>Johnson</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>11</u> Year <u>1960</u>			
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5. SEX <u>male</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>11-13-83</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>	IF UNDER 24 HR Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CXX</u>	11. BIRTHPLACE (City and state or country) <u>Stoddard Co Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
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13a. FATHER'S NAME <u>Marshall Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Watson</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Hawk</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT <u>Mrs Edith Akers Salem Mo</u>	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 <u>3 days</u>
IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>		
DUE TO (b) <u>Coronary Atherosclerosis</u>		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Perforating Duodenal ulcer</u>		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 <u>8-55</u> a.m. <u>P</u> 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 <u>Salem Mo</u>	COUNTY	STATE
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21. I attended the deceased from <u>June 1958</u> to <u>11/12/60</u> and last saw <u>her</u> alive on <u>11/4/60</u>	
Death occurred at <u>8-55</u> <u>P</u> on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>B. J. Bass MD</u>	22b. ADDRESS <u>Salem Mo</u>	22c. DATE SIGNED <u>11/12/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-13-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>
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24. FUNERAL DIRECTOR <u>Spencer Funeral Home Inc</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Nov. 12, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 7 1960

VS JAN 6 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Orville J. Jones

Licensed Embalmer No. 237

P. O. Address Valhalla

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