

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044991

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 360

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Length of stay in 1b <u>5 days</u>		c. CITY OR TOWN <u>Greentop</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic Hosp.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>RFD #1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Calvin Johnson, Sr.</u>				4. DATE OF DEATH Month Day Year <u>December 19, 1960</u>															
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>7/6/1883</u>		9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>5 13</u>									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>Scotland Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>												
13a. FATHER'S NAME <u>Lewis W. Johnson</u>				13b. MOTHER'S MAIDEN NAME <u>Julia Gash</u>				14. NAME OF HUSBAND OR WIFE <u>Eva Garwood</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 Address <u>Mrs. Virgil (Leona) Floyd, Kirksville, MO.</u>													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>medullary failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CO₂ Narcosis</u> DUE TO (c) <u>Pneumonia</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										INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>									
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 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 <u>12-14-60</u> to <u>12-19-60</u> and last saw him alive on <u>12-19-60</u> Death occurred at <u>6:07 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) <u>A. J. Levitt M.D.</u>						22b. ADDRESS <u>K.O.H.</u>				22c. DATE SIGNED <u>12-19-60</u>									
23a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>12/21/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Refuge Cemetery</u>				23d. LOCATION (City, town, or county) <u>Adair County, Mo.</u>											
24. FUNERAL DIRECTOR <u>Riley Funeral Home, Inc. Kirksville, Mo.</u> <u>W. K. Jackson, Pres.</u>						25. DATE RECD. BY LOCAL REG. <u>12-21-1960</u>		26. REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>											

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S. J. DeVito, D.O.

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 Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkwood, 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.