

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046706

STATE FILE NUMBER

FILED VS DEC 9 1960

383

Primary Registration District No. 5655 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon		Length of stay in 1b 1603 days	c. CITY OR TOWN Webb City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Jasper County Tuberculosis Hospital		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First James Middle A. Last Johnson			4. DATE OF DEATH Month Dec. Day 20, Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-28-79	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming and mining		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Jasper County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME James M. Johnson		13b. MOTHER'S MAIDEN NAME Rebecca Jane Lewellen		14. NAME OF HUSBAND OR WIFE		
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 Address San. records, Mo. State San., Mt. Vernon, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary silicotuberculosis, Far Advanced abt. 8 years Interval between onset and death						
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) Diabetes Mellitus				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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 9:35 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 8-31-55 to 12-20-60 and last saw him ^{her} alive on 12-20-60 Death occurred at 9:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>J. Simpson Mathew</i> (Degree or title) M.D.			22b. ADDRESS Mt. Vernon, Mo.		22c. DATE SIGNED 12-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-21-60	23c. NAME OF CEMETERY OR CREMATORY Cartersville, Cem.	23d. LOCATION (City, town, or county) (State) Cartersville MO			
24. FUNERAL DIRECTOR Johnston - Simpson Mathew ADDRESS Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 12-22-60	26. REGISTRAR'S SIGNATURE <i>H. H. Fossett</i>			

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 Blayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City

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.