IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 30 1960

-60-047084
STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 44 Registrar's No. 89

NDED

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston
Length of stay in 1b: 3 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Platte
c. CITY OR TOWN Deerborn
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS — (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Robert Middle: Simeon Last: Johnson
4. DATE OF DEATH Month Day Year: Dec. 18, 1960
5. SEX: mele
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/21/78
9. AGE (last birthday): 82
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): Painter
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Platte County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Samuel Johnson
13b. MOTHER'S MAIDEN NAME: Judy Bledsoe
14. NAME OF HUSBAND OR WIFE: Effie Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Effie Johnson, Deerborn, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 24 H
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): Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-60, to 12-17-60 and last saw him alive on 12-17-60
Death occurred at 2 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [illegible] M.D. (Degree or title)
22b. ADDRESS: Platte City - Mo
22c. DATE SIGNED: 12/20/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/20/60
23c. NAME OF CEMETERY OR CREMATORY: Dearborn Cem.
23d. LOCATION (City, town, or county) (State): Deerborn, Missouri
24. FUNERAL DIRECTOR ADDRESS: Vaughn & Aufrenc, Deerborn, Mo.
25. DATE RECD. BY LOCAL REG.: 12.20.1960
26. REGISTRAR'S SIGNATURE: Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. R. Vaugh

Signature of Student Embalmer

Licensed Embalmer No. 402

P. O. Address Lexington

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.