

AMENDED

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 775

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis, Mo</i>		Length of stay in 1b	c. CITY OR TOWN <i>EUREKA</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST LUKES HOSPITAL</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <i>R.R.#2 Box 402</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <i>Gene</i>	Middle <i>Renee</i>	Last <i>Johnson</i>	Month <i>1</i>	Day <i>12</i>
			Year <i>61</i>	

5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-10-61</i>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <i>1</i>	IF UNDER 24 HR Days <i>18</i>	Hours <i>46</i>	Min. <i>46</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>St Louis, Mo</i>	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <i>Lee Edward Johnson</i>	13b. MOTHER'S MAIDEN NAME <i>Bletha Elberta J. Roberts</i>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mother - RR#2 Box 402 EUREKA, MO</i>
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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 <i>42 hrs.</i>
IMMEDIATE CAUSE (a)	<i>Cardiorespiratory failure</i>	
DUO TO (b)	<i>Patent ductus arteriosus</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUO TO (c)	<i>7541</i>

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"/> N- <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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
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21. I attended the deceased from *1-10-61* to *1-12-61* and last saw him alive on *3:54 PM 1-12-61*
 Death occurred at *3:28 PM 1-12-61* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Joe Edward Bales M.D.</i>	22b. ADDRESS <i>5535 Delmar</i>	22c. DATE SIGNED <i>1-15-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>1-31-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Anatomical Board</i>	23d. LOCATION (City, town, or county) <i>St. Louis, Mo.</i>	(State)
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24. FUNERAL DIRECTOR <i>Rowland Mortuary Svc. 4104-06 Manchester</i>	25. DATE RECD. BY LOCAL REG. <i>JAN 26 1961</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P.O. Address _____

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.