

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013190

STATE FILE NUMBER

AMENDED FILED

Registration District No. 101 Primary Registration District No. Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln Township	Length of stay in 1b 35yrs	c. CITY OR TOWN Ava,	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 3	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Ellis D. Johnson			4. DATE OF DEATH Month Day Year April 24, 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-18-98	9. AGE (last birthday) 62	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) Farming		10b. KIND OF BUSINESS OR INDUSTRY Own farm		11. BIRTHPLACE (City and state or country) Near Seymour, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Edward Johnson		13b. MOTHER'S MAIDEN NAME Jane Johnston		14. NAME OF HUSBAND OR WIFE Jessie Elva Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) In service 1 yr. 9-19 to 8-20-20			16. SOCIAL SECURITY NO. 209-20		17. INFORMANT Address Jessie Elva Johnson, R. 3, Ava, Mo.	

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
IMMEDIATE CAUSE (a) ACUTE CEREBRAL APOPLEXY		1 hr
DUE TO (b) CHRONIC ARTERIOSCLEROTIC DISEASE		
DUE TO (c)		
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

19. WAS AUTOPSY PERFORMED? YES <input 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.)	
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 12-7-60 to 4-24-61 and last saw him alive on 4-24-61 Death occurred at 3: P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE M.C. Bentley		(Degree or title) M.D.	22b. ADDRESS AVA MO	22c. DATE SIGNED 4-26-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-28-61	23c. NAME OF CEMETERY OR CREMATORY Ellison		23d. LOCATION (City, town, or county) (State) near Ava, Missouri
24. FUNERAL DIRECTOR Linkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. 4-27-61	26. REGISTRAR'S SIGNATURE Wesley Bushman	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Amma

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.