

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-013487
STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 52

AMENDED FILED MAY 1 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany, Mo.		Length of stay in 1b 33 days	c. CITY OR TOWN New Hampton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) North Part Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charles Francis Johnson			4. DATE OF DEATH Month Day Year April 26 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 9/28/71
9. AGE (last birthday) 89		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10b. KIND OF BUSINESS OR INDUSTRY Retired Pharmacist	11. BIRTHPLACE (City and state or country) Harrison Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Johnson	
13b. MOTHER'S MAIDEN NAME Martha (unknown)		14. NAME OF HUSBAND OR WIFE Cordelia Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Martha Smith Decatur, Ill Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute and Chronic Congestive Heart Failure			INTERVAL BETWEEN ONSET AND DEATH years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last). DUE TO (b) Generalized Arteriosclerosis			years.
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"/> No <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 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 9-30-58 to 4-26-61 and last saw ^{him} alive on 4-26-61 Death occurred at 1:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert F. Tibbe (Degree or title)		22b. ADDRESS Bethany, Mo.	22c. DATE SIGNED 4-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/28/61	23c. NAME OF CEMETERY OR CREMATORY Foster Cemetery	23d. LOCATION (City, town, or county) (State) Harrison Co. Mo.
24. FUNERAL DIRECTOR C. R. Noble ADDRESS Noble Funeral Home New Hampton, Mo.		25. DATE RECD. BY LOCAL REG. 4-28-1961	26. REGISTRAR'S SIGNATURE Bella Mayes

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 1952

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 William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, 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.