

MISSOURI DIVISION OF HEALTH AND WELFARE - STANDARD CERTIFICATE OF DEATH *Johnson* -61-014810

DEPARTMENT OF PUBLIC HEALTH AND WELFARE  
 AMENDED FILED MAY 3 1961  
 Registration District No. 301 Primary Registration District No. \_\_\_\_\_ Registrar's No. 28 STATE FILE NUMBER

1. PLACE OF DEATH  
 a. COUNTY Ripley  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan Length of stay in 1b 9 yrs.  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 306 Brooks St. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Ripley  
 c. CITY OR TOWN Doniphan Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 306 Brooks St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Thomas Edgar Roberson April 27, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 12-1-1896 9. AGE (last birthday) 64  
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian 10b. KIND OF BUSINESS OR INDUSTRY Court House 11. BIRTHPLACE (City and state or country) Ripley County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Bob Roberson 13b. MOTHER'S MAIDEN NAME Leona Scrivner 14. NAME OF HUSBAND OR WIFE Dealia Roberson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go on unknown) (If yes, give war or dates of service) No  
 17. INFORMANT Dealia Roberson Doniphan, Mo. 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) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 10 months  
 DUE TO (b) Arteriosclerotic heart disease 4 years  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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.  
 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 June 1957 to April 27, 1961 and last saw him alive on 4/26/61  
 Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank C. Johnson M.D. 22b. ADDRESS Doniphan, Mo. 22c. DATE SIGNED 4/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 29, 1961 23c. NAME OF CEMETERY OR CREMATORY Johnson Chapel Cem. 23d. LOCATION (City, town, or county) (State) Ripley County, Mo.

24. FUNERAL DIRECTOR Edwards Funeral Home Doniphan, Mo. ADDRESS 4-29-61 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Flava Broz

DATE AMENDED  
 INSTEAD OF  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

**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 Gene Harrent

Licensed Embalmer No. 4809

P. O. Address Naylor, 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.