

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC-2150 99 92 SL 24171

318

1003

4236-61-815292

AMENDED

REGISTERED MAY 10 1961 Primary Registration District No. Registrar's No.

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. CHARLES</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N GRAND, ST. LOUIS, MO.</b>		Length of stay in lb <b>35 DAYS</b>		c. CITY OR TOWN <b>ST. CHARLES</b>		Inside Limits... Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETS. ADMIN. HOSPT.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>231 CHAUNCEY STREET</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ERNEST</b> Middle <b>(NMI)</b> Last <b>JOHNSON</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>2</b> Year <b>1961</b>				
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/4/03</b>		9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>CHARLES JOHNSON</b>			13b. MOTHER'S MAIDEN NAME <b>MARIE (UNK)</b>			14. NAME OF HUSBAND OR WIFE <b>THELMA JOHNSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <b>YES WW II</b>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>THELMA JOHNSON (WIDOW) SEE #2</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA OF RIGHT LUNG WITH METASTASES TO NODES AND LUNG THORAX</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>163x</b>							INTERVAL BETWEEN ONSET AND DEATH
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 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.)			
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. <b>NA</b> attended the deceased from <b>3/28/61</b> to <b>5/2/61</b> and last saw <del>him</del> <sup>her</sup> live on <b>5/2/61</b> Death occurred at <b>4:30</b> <b>p</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Mary MARY ONDERMAN M.D.</b>				22b. ADDRESS <b>VAH, ST. LOUIS, MO.</b>		22c. DATE SIGNED <b>5/2/61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>5/5/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>O'Fallon, Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Keithly-Davis Funeral Home e O'Fallon Mo</b>				25. DATE RECD. BY LOCAL REG. <b>MAY 4 1961</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	

MAY 10 1961

**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 Jerry A. Davis  
Licensed Embalmer No. 5139

P. O. Address O'Fallon, 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.