SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016896
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 169

AMENDED

FILED JUN 6 1961

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo. — Length of stay in 1b: 20 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Saint Mary's Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY MONITEAU
c. CITY OR TOWN Jamestown, Route #1 — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Eliza Middle: Harriet Last: Johnson

4. DATE OF DEATH Month: June Day: 1 Year: 1961.

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 2/14/92
9. AGE (last birthday): 69 — IF UNDER 1 YEAR: Months 3 Days 17 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and state or country): MISSOURI
12. CITIZEN OF WHAT COUNTRY: United States

13a. FATHER'S NAME: John W. Hutchison
13b. MOTHER'S MAIDEN NAME: Judy [illegible]
14. NAME OF HUSBAND ~~OR WIFE~~ DEAD: CHAS. N JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
INFORMANT: Anna L. Combs — Address: Jamestown Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma, breast — INTERVAL BETWEEN ONSET AND DEATH: 4 wks. (?)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I (a): Multiple strokes
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 5/5/61, to 6/1/61 and last saw her/him alive on 6/1/61
Death occurred at 4:05 a.m. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lowell D. Sugarbaker M.D.
22b. ADDRESS: Jefferson City, Mo
22c. DATE SIGNED: 6/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: JUNE 5-1961
23c. NAME OF CEMETERY OR CREMATORY: MT. ZION Com.
23d. LOCATION (City, town, or county) (State): JAMESTOWN. MO.

24. FUNERAL DIRECTOR ADDRESS: C. Albert Hornbeck, Prairie Home Mo
25. DATE RECD. BY LOCAL REG.: 1 June 1961, 3 June 1961
26. REGISTRAR'S SIGNATURE: R.P. Harris M.D. N. Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

MEDICAL CERTIFICATION

JUN 13 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 E. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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.