

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020968
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 128 Primary Registration District No. _____ Registrar's No. 630

1. PLACE OF BIRTH 10 1961

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. Cambell Township Length of stay in 1b 70 yrs.

c. CITY OR TOWN Springfield Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunshine Acres Rest Home Inside Limits No Yes

d. STREET ADDRESS (If outside, give location) 429 W. Page Reside on Farm Yes No

3. NAME OF DECEASED First Dimithia Middle _____ Last Johnson

4. DATE OF DEATH Month June Day 30 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-27-1877 9. AGE (last birthday) 83

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) housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Newton Co., Mo. 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME W. G. Martin 13b. MOTHER'S MAIDEN NAME Nomey Jane Davis 14. NAME OF HUSBAND OR WIFE Henry Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT J. R. Martin, Republic, 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) Cardio-renal Disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pericardial Arteriosclerosis

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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 1961 to June 30, 1961 and last saw her alive on 6/28/61. Death occurred at 11:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lynn W. Brown M.D. 22b. ADDRESS 311 1/2 College 22c. DATE SIGNED 7/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-3-1961 23c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery 23d. LOCATION (City, town, or county) Springfield, Missouri (State) _____

24. FUNERAL DIRECTOR Rex Rainey, Springfield, Mo. ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 7-3-61 26. REGISTRAR'S SIGNATURE Effie S. Melton

1961-8 I. 706

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 *Joe Mann*

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.