# SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021840
STATE FILE NUMBER

AMENDED

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 79

FILED JUN 21 1961

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Length of stay in 1b 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pershing Memorial — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Brookfield — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1630 Meade Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: THOMAS JEFFERSON JOHNSON
4. DATE OF DEATH Month Day Year: June 14, 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/5/1878
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months 6 Days 9 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Sumner, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: T. J. Johnson, Sr.
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Greenawalt
14. NAME OF HUSBAND OR WIFE: Della Johnson (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: Howard Johnson, Linneus, 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) Peptic Ulcer c̄ perforation — INTERVAL BETWEEN ONSET AND DEATH 4 hours
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 condition given in PART I (a): Anemia, Marked to intestinal bleeding
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 1959, to 1961 and last saw her/him alive on 6-14-61
Death occurred at 9 15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B D Howell MD
22b. ADDRESS: Brookfield Mo.
22c. DATE SIGNED: 6-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 16, 1961
23c. NAME OF CEMETERY OR CREMATORY: Lakeside Cemetery
23d. LOCATION (City, town, or county) (State): Sumner, Missouri

24. FUNERAL DIRECTOR ADDRESS: Hill Funeral Home, Brookfield Mo.
25. DATE RECD. BY LOCAL REG.: 6-16-61
26. REGISTRAR'S SIGNATURE: Walter B. Erwin RJ

(Licensed Embalmer's Statement on Reverse Side)

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

**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_____ Signed Gerald T. Wa

Signature of Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Brown

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.