SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

=61=022215

STATE FILE NUMBER

AMENDED

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 70

FILED JUL 10 1961

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Huntsville
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Randolph
c. CITY OR TOWN Huntsville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LULAR Middle H Last JOHNSON
4. DATE OF DEATH Month June Day 29 Year 1961
5. SEX Fe
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH June 8, 1867
9. AGE (last birthday) 94
IF UNDER 1 YEAR Months 01 Days 21 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (City and state or country) Randolph County
12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Henry Bibbs
13b. MOTHER'S MAIDEN NAME Martha Maupin
14. NAME OF HUSBAND OR WIFE Wesley Johnson
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 Erenee Johnson Address Omaha, Neb.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH not known
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) Senility
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 28/61, to June 29/61 and last saw her/him alive on June 29/61
Death occurred at 7:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. E. Tuke, M.D. (Degree or title)
22b. ADDRESS Moberly, Mo
22c. DATE SIGNED 7/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 3, 1961
23c. NAME OF CEMETERY OR CREMATORY Huntsville
23d. LOCATION (City, town, or county) Huntsville (State) Mo.

24. FUNERAL DIRECTOR J. B. Rutter & Sons ADDRESS Huntsville, Mo
25. DATE RECD. BY LOCAL REG. 7-7-1961
26. REGISTRAR'S SIGNATURE Oleanna Patterson

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

JUL 27 1967

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul Patton

Signature of Student Embalmer

Licensed Embalmer No. 4095

P. O. Address Huntsville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.