

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-025696
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 20 01 Registrar's No. 323

FILED JUL 17 1961

AMENDED

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		Length of stay in 1b 1 day	c. CITY OR TOWN Neosho Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 714 N. High St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First James Middle A. Last Johnson			4. DATE OF DEATH Month July Day 1 Year 1961		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-20-1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	--------------------------------------	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Bethpage, Mo	12. CITIZEN OF WHAT COUNTRY USA
--	---	---	---

13a. FATHER'S NAME James D. Johnson	13b. MOTHER'S MAIDEN NAME Georgie Keller	14. NAME OF HUSBAND OR WIFE Stella Johnson
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	17. INFORMANT Mrs. Stella Johnson, Neosho, 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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) hypertension	
	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 7:00 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year
---	------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Neosho	COUNTY Newton	STATE Missouri
---	--	---	-------------------------	--------------------------

21. I attended the deceased from **6-6-59** to **7-1-61** and last saw him alive on **7-1-61**
Death occurred at **7:00 A. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Alice W. Wilson M.D.	22b. ADDRESS 1923 Sergeant, Joplin, Mo.	22c. DATE SIGNED 7-5-61
---	---	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-3-1961	23c. NAME OF CEMETERY OR CREMATORY Union Church Cemetery	23d. LOCATION (City, town, or county) (State) Neosho, Missouri
--	------------------------------	--	--

24. FUNERAL DIRECTOR Shewmake Funeral Home Granby, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 7-10-1961	26. REGISTRAR'S SIGNATURE Loice Merriano
--	---------	--	--

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

JUL 21 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 Floyd E. Seumaker Jr

Licensed Embalmer No. 4923

P. O. Address Box 218 Granby, Vt

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.