

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026476

STATE FILE NUMBER

AMENDED

Registration District No. 316 Primary Registration District No. 3057 Registrar's No. 234

FILED JUN 21 1961

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY St. Francois | a. STATE Mo | b. COUNTY St. Francois | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre | Length of stay in 1b | c. CITY OR TOWN Elvins, Mo | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hospital | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|-------------------------------------|---------------------|--------|---------------------|------------------|-------------------|---------------|------------------|
| 3. NAME OF DECEASED (Type or print) | First Thomas | Middle | Last Johnson | 4. DATE OF DEATH | Month June | Day 14 | Year 1961 |
|-------------------------------------|---------------------|--------|---------------------|------------------|-------------------|---------------|------------------|

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|--------------------|-------------------------------|---|-------------------------------------|----------------------------------|---------------------------|------------------------|-------|------|
| 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 Mar 9, 1885 | 9. AGE (last birthday) 76 | IF UNDER 1 YEAR Months | IF UNDER 24 HR Days | Hours | Min. |
|--------------------|-------------------------------|---|-------------------------------------|----------------------------------|---------------------------|------------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and state or country) Sligo, Mo | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME James K. Johnson | 13b. MOTHER'S MAIDEN NAME Emma Hornbeck | 14. NAME OF HUSBAND OR WIFE Grace Johnson |
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| 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. | 17. INFORMANT Address Mrs. Grace Johnson Elvins, Mo |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH 16 mos |
| IMMEDIATE CAUSE (a) | Carcinoma stomach | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | to metastases | |
| DUE TO (b) | | |
| DUE TO (c) | | |

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| 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 |
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| 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.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. | Month, Day, Year |
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|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 1960 to June 14, 1961 and last saw ^{HER} him alive on June 14, 1961
Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE J.L. Foster (Degree or title) MB | 22b. ADDRESS Desloge Mo | 22c. DATE SIGNED 6-16-61 |
|---|--------------------------------|---------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-17-1961 | 23c. NAME OF CEMETERY OR CREMATORY Odd-Fellow Cemetery | 23d. LOCATION (City, town, or county) (State) Bismarck, Mo |
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| 24. FUNERAL DIRECTOR R. Caldwell & Sons | ADDRESS Flat River, Mo | 25. DATE RECD. BY LOCAL REG. June 16, 1961 | 26. REGISTRAR'S SIGNATURE Erther Rudloff |
|---|----------------------------------|--|--|

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 David Paul Caldwell, Student Embalmer No. 636

working under my personal supervision.

Student David Paul Caldwell
Signature of Student Embalmer

Signed Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, 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.