

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039947

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 63

FILED NOV 15 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Wash.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walton		Length of stay in 1b 6 wks.	c. CITY OR TOWN Potosi
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 mi West of Potosi, Mo.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Berryman Route
3. NAME OF DECEASED (Type or print) First Middle Last Rosetta (NMN) Johnson			4. DATE OF DEATH Month Day Year Nov. 11, 1961
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-23-1961
9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months 1 Days 18 Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Lowell Johnson		13b. MOTHER'S MAIDEN-NAME Cecilia Dowell	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Lowell Johnson Berryman Rt, Potosi, 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) Pneumonia DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH sudden
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 a.m. p.m. Month, Day, Year	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 Berryman Rt. Potosi, Wash. Mo.
21. I attended the deceased from _____ and last saw _____ Death occurred at Nov. 11, 1961 11:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. L. Gibson D. L. Connor		22b. ADDRESS Potosi, MO.	22c. DATE SIGNED 11-13-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-13-1961	23c. NAME OF CEMETERY OR CREMATORY Asher Cemetery	23d. LOCATION (City, town, or county) (State) Black, Missouri
24. FUNERAL DIRECTOR ADDRESS Donald Sparks Potosi, Missouri		25. DATE RECD. BY LOCAL REG. 11/13/61	26. REGISTRAR'S SIGNATURE [Signature]

DEC 7 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 Ronald Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, 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.