SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ITMENT OF PUBLIC HEALTH AND WELFARE

-61-043310

STATE FILE NUMBER

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 236

FILED DEC 11 1961

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Bloomfield — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Nursing Home — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Lillie Middle Day Last Johnson

4. DATE OF DEATH Month November Day 30 Year 1961

5. SEX F

6. COLOR OR RACE W.

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Aug. 30-82

9. AGE (last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Indiana

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Pete Edwards

13b. MOTHER'S MAIDEN NAME Not known

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. None

17. INFORMANT Herman Johnson-Advance, Mo. Address R # 2.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH 24 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO~~ (b) Digitalis Intoxication — 40 days

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Ischemia.

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 11-29-61, to 11-30-61 and last saw her alive on 11-30-61

Death occurred at 2:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mary A. [illegible] MD

22b. ADDRESS Sikeston Mo.

22c. DATE SIGNED 12/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Dec. 3, 1961

23c. NAME OF CEMETERY OR CREMATORY Tillman cemetery

23d. LOCATION (City, town, or county) (State) Stoddard Co., Missouri

24. FUNERAL DIRECTOR ADDRESS CHILES UND. CO., BLOOMFIELD, MO.

25. DATE RECD. BY LOCAL REG. 12-4-1961

26. REGISTRAR'S SIGNATURE Jeanette Waldman

(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 Lulu Cooper 3499— , ~~Student Embalmer No.~~ _____

working under ~~my personal supervision~~.

~~Student~~ _____ Signed Ivan C. Cooper

~~Signature of Student Embalmer~~

no permit issued.

Licensed Embalmer No. 4119

P. O. Address Bloomfield M

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.