

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047577
STATE FILE NUMBER

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 22

AMENDED

FILED JAN 2 1962

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Sherrill</u>		c. CITY OR TOWN <u>Licking</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>8mi NW of Licking</u>	

3. NAME OF DECEASED (Type or print) First <u>Terisa</u> Middle <u>Kay</u> Last <u>Johnson</u>			4. DATE OF DEATH Month <u>12</u> Day <u>24</u> Year <u>1961</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-1-1961</u>	9. AGE (last birthday) Months <u>3</u> Days <u>24</u> Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	11. BIRTHPLACE (City and state or country) <u>Houston MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Wilber Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Idola Gale</u>	14. NAME OF HUSBAND OR WIFE <u>L</u>
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15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>L</u>	17. INFORMANT <u>Eva Nell Mopple</u> Address <u>Mo</u>
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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 <u>1 day</u>
IMMEDIATE CAUSE (a) <u>Cardiac + pulmonary arrest</u>		
DUE TO (b) <u>acute pulmonary embarrasment</u>		
DUE TO (c) <u>Bilateral lobar pneumonia</u>		

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 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 <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u></u>
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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 <u>Licking Mo</u>	COUNTY <u></u> STATE <u></u>
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21. I attended the deceased from Death on arrival to and last saw her/him alive on .
Death occurred at 6 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>B. J. Myers, D.O.</u> (Degree or title)	22b. ADDRESS <u>Licking Mo</u>	22c. DATE SIGNED <u>12-26-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-26-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co MO</u>
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24. FUNERAL DIRECTOR <u>Smith-Ferguson</u> ADDRESS <u>Licking Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec. 26, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Elnora E. Hesse</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

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

Signature Hubert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address Leckington

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.