

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047738

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 159

Primary Registration District No. 5990

Registrar's No. 40

STATE FILE NUMBER

AMENDED

FILED JAN 22 1962

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Big River Twp.		Length of stay in 1b 2 Wks.	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Fletcher, Mo.		d. STREET ADDRESS (If outside, give location) 227 So. Fifth St.	
3. NAME OF DECEASED (Type or print) First Edith Middle Lottie Last Johnson		4. DATE OF DEATH Month Dec. Day 23 Year 1961	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/18/87
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) Linn, Missouri
13a. FATHER'S NAME August Withouse		14. NAME OF HUSBAND OR WIFE Augustus Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		17. INFORMANT Address Minnie Johnson, Fletcher, 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) Coronary Disease			INTERVAL BETWEEN ONSET AND DEATH 20 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) moderate Hypertension			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 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	
21. I attended the deceased from 12-22-61 to 12-23-61 and last saw her alive on 12-22-61 Death occurred at 3 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Dr, nurse or title) Chas. E. Jallet M.D.		22b. ADDRESS DeSoto Mo	22c. DATE SIGNED 12/23/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/26/61	23c. NAME OF CEMETERY OR CREMATORY Fairview	23d. LOCATION (City, town, or county) (State) Near Grubville, Mo.
24. FUNERAL DIRECTOR ADDRESS J. L. Mothershead, DeSoto, Mo.		25. DATE RECD. BY LOCAL REG. 12/27/61	26. REGISTRAR'S SIGNATURE Oleta Dikson, Reg

NO 078 115

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 J. Lee Mathershe

Licensed Embalmer No. 3531

P. O. Address De Sato 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.