

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-047931

STATE FILE NUMBER

374
FILED MAR 15 1962

Primary Registration District No. 4547

Registrar's No. 6

AMENDED

1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Worth				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City		Length of stay in 1b 8 yrs		c. CITY OR TOWN Denver, Mo		Inside Limits Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grant City Nursing Home			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 800 S Lyons		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First JOHN Middle A Last JOHNSON				4. DATE OF DEATH Month Dec Day I Year 1961				
5. SEX Male		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒		8. DATE OF BIRTH Dec 20, 1874		
9. AGE (last birthday) 87		IF UNDER 1 YEAR Months ☐ Days ☐ Hours ☐ Min. ☐		IF UNDER 24 HR Hours ☐ Min. ☐				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Missouri		11. BIRTHPLACE (City and state or country) Usa		
13a. FATHER'S NAME Anderson Johnson				13b. MOTHER'S MAIDEN NAME Nancy Steele		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) No				16. SOCIAL SECURITY NO. None		17. INFORMANT WE McElvain Address Denver, 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) ANOXIA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MYOCARDIAL FAILURE DUE TO (c) ARTERIOSCLEROSIS							INTERVAL BETWEEN ONSET AND DEATH MINUTES 1 hour year	
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. ☐ 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 NOV 1, 1961 to DEC 1, 1961 and last saw her alive on NOV 30, 1961 Death occurred at 1:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Deceased or title) Richard J. Smith				22b. ADDRESS GRANT CITY MO		22c. DATE SIGNED 3-6-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 26, 1961		23c. NAME OF CEMETERY OR CREMATORY Walker Cemetry		23d. LOCATION (City, town, or county) (State) Denver Mo		
24. FUNERAL DIRECTOR Kenneth A. Brown		ADDRESS Denver, Mo		25. DATE RECD. BY LOCAL REG. March 7, 1962		26. REGISTRAR'S SIGNATURE Kate E. Dawson		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

TEXT 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 John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City

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.