

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002750

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 6-62

STATE FILE NUMBER

AMENDED

FILED FEB 13 1962

DATE AMENDED: 2/27/62  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:  
 INSTEAD OF Vincent  
 BY AFFIDAVIT OF Funeral Director  
 ITEM NO. 3 SHOULD READ Venson

1. PLACE OF DEATH a. COUNTY <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tuscumbia</u>		Length of stay in 1b		c. CITY OR TOWN <u>Tuscumbia</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME (RURAL)</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Vincent Venson Bryce Johnston</u>				4. DATE OF DEATH Month Day Year <u>February 1, 1962</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>caucasian</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>11/12/18</u>		9. AGE (last birthday) <u>43</u>		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) <u>laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>				11. BIRTHPLACE (City and state or country) <u>Eldon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>William Johnston</u>				13b. MOTHER'S MAIDEN NAME <u>Virtie Bond</u>				14. NAME OF HUSBAND OR WIFE <u>none</u>					
15. WAS DECEASED EVER 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>unknown</u>		17. INFORMANT <u>Edgar Bond</u>		Address <u>Eldon, Mo.</u>					
18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGE</u> DUE TO (b) <u>ARTERIOSCLEROSIS AND HYPERTENSION</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>2 Hrs.</u> <u>YRS.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Exposure To Cold</u>								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. 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 <u>Olean Missouri</u>		COUNTY <u>Miller</u>		STATE <u>Missouri</u>	
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____. Death occurred at <u>10:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>D. D. Humphreys D.D., Coroner</u>						22b. ADDRESS <u>Tuscumbia, Mo.</u>			22c. DATE SIGNED <u>2-3-62</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2/4/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Allen</u>				23d. LOCATION (City, town, or county) (State) <u>Olean Missouri</u>					
24. FUNERAL DIRECTOR <u>Phillips Funeral Home</u>				ADDRESS <u>Eldon, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2-9-1962</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>					

**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 Den E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eldon

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.