MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-007271
STATE FILE NUMBER

AMENDED

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 10

FILED FEB 27 1962

1. PLACE OF DEATH
a. COUNTY: Monroe
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Paris, Mo.
Length of stay in 1b: 10 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sears Rest Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Monroe
c. CITY OR TOWN: Paris
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): ---
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mary Middle: Eliza Last: Johnston
4. DATE OF DEATH: Month: February Day: 18 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-21-1869
9. AGE (last birthday): 92
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: Home
11. BIRTHPLACE (City and state or country): Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Woodson Reeves
13b. MOTHER'S MAIDEN NAME: Eliza Reavis
14. NAME OF HUSBAND OR WIFE: ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: James B. Johnston Address: Mexico, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral accident. — INTERVAL BETWEEN ONSET AND DEATH: 2-1-62
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hemostatic pneumonia — 2-4-62
DUE TO (c): arteria - sclerosis - age
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 Feb-1-62 to Feb-17-62 and last saw her alive on Feb. 17, 1962
Death occurred at 12:20 Am on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Nellie I. Christman M.D. (Degree or title)
22b. ADDRESS: Paris, Mo.
22c. DATE SIGNED: 2-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-20-1962
23c. NAME OF CEMETERY OR CREMATORY: Florida Cemetery
23d. LOCATION (City, town, or county) (State): Florida Mo.
24. FUNERAL DIRECTOR: Thompson-Mackler ADDRESS: Madison, Mo.
25. DATE RECD. BY LOCAL REG.: 2-18-62
26. REGISTRAR'S SIGNATURE: F. A. Barnett M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Madison, Mo

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.