# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016219
STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 32

FILED APR 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0785
2 0785
3
4 2
5 0
6
7 1
8 0
9 490X
10
11
12 90-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF

DOCUMENT

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 507 E. 13th St. (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First J. D. Middle Last Johnson
4. DATE OF DEATH Month 4, Day 6 Year 1962
5. SEX M
6. COLOR OR RACE Col
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-13-12
9. AGE (last birthday) 50.
IF UNDER 1 YEAR Months Days 23
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Day Work
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Tyronza, Ark.
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME —
13b. MOTHER'S MAIDEN NAME —
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)
16. SOCIAL SECURITY NO.
17. INFORMANT T. J. Smith Address Hayti, 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) Lobar Pneumonia - Rt Lobe
INTERVAL BETWEEN ONSET AND DEATH unknown
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 1 (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 4/6/62, to 4/6/62 and last saw ~~her~~ him alive on 4/6/62
Death occurred at 3a m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE [illegible] (Degree or title)
22b. ADDRESS Caruthersville, Mo
22c. DATE SIGNED 4/9/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4-9-1962
23c. NAME OF CEMETERY OR CREMATORY Morgan
23d. LOCATION (City, town, or county) Hayti (State) Mo.
24. FUNERAL DIRECTOR T. J. Smith ADDRESS Hayti, Mo.
25. DATE RECD. BY LOCAL REG. 4-10-1962
26. REGISTRAR'S SIGNATURE Jackie Tipton

(Licensed Embalmer's Statement on Reverse Side)

MAY 15 1962

**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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Carthersville

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.