

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019573
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 5749 Registrar's No. 57

FILED JUN 12 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Madison	a. STATE Missouri b. COUNTY Madison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Polk Township	Length of stay in 1b years	c. CITY OR TOWN Rural - Polk Township	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 Mi. West of Fredericktown	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS Hiway 72 West of Fredericktown (7 Mi)	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First OLIVER	Middle PERRY	Last JOHNSON	Month May	Day 31	Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-13-1878	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chef on Barge Line		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Gustave Johnson		13b. MOTHER'S MAIDEN NAME Nancy Jane Medley		14. NAME OF HUSBAND OR WIFE DECEASED	
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 Address Mrs. Bertha Johnson - Fredericktown, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS		ONE MONTH
DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE		UNKNOWN
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BENIGN PROSTATIC HYPERTROPHY		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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		
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 **AUGUST 15, 1961** to **MAY 31, 1962** and last saw him alive on **MAY 30, 1962**
Death occurred at **5:00 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas. W. Goodwin, M.D.	22b. ADDRESS Fredericktown, Missouri	22c. DATE SIGNED 6-1-1962
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 2, 1962	23c. NAME OF CEMETERY OR CREMATORY Christian Cemetery
23d. LOCATION (City, town, or county) (State) Madison County, Missouri		
24. FUNERAL DIRECTOR J. P. Adamson	ADDRESS Fredericktown, Mo.	25. DATE RECD. BY LOCAL REG. 6-4-1962
		26. REGISTRAR'S SIGNATURE Florence Sicks

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1	0620	DATE AMENDED	INSTEAD OF	DOCUMENT
2	0620			
3				
4	0			
5	2			
6				
7	0			
8	2			
9	94200			
10				
11				
12	90.0			
13	1-0			

USE BLACK INK OR TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

JUL 16 1962

JUL 18 1962

JUL 26 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 *J. J. Adamson*

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, 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.