MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030312

STATE FILE NUMBER

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 83

FILED AUG 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1	0201
2	0201
3	2
4	1
5	2
6	
7	1
8	0
9	4200
10	
11	
12	1-0
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: El Dorado Springs — Length of stay in 1b: 5 da.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Cedar Co. Mem. Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cedar
c. CITY OR TOWN: El Dorado Springs — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 407 S. Park — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Candis Middle: Armita Last: Johnson

4. DATE OF DEATH: Month: August Day: 19 Year: 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 7-25-1873

9. AGE (last birthday): 89 — 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:

11. BIRTHPLACE (City and state or country): Otter Creed, Wisc.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Geo. W. Burgess

13b. MOTHER'S MAIDEN NAME: Permelia Sweet

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.: --

17. INFORMANT: Fred Salisbury, Address: ElDorado Springs, 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): Cerebral thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): cerebral arteriosclerosis

Sig. DUE TO (c): Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

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 1958, to and last saw her/him alive on Aug. 19, 1962

Death occurred at 10:00 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert L. Magee M.D.

22b. ADDRESS: El Dorado Springs, Mo.

22c. DATE SIGNED: 8/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 8-22-62

23c. NAME OF CEMETERY OR CREMATORY: ElDorado Spgs. Cem.

23d. LOCATION (City, town, or county) (State): ElDorado Springs, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gwinn-Carothers, ElDorado Spgs. Mo.

25. DATE RECD. BY LOCAL REG.: 8-22-62

26. REGISTRAR'S SIGNATURE: Joe E. Durham per R M

(Licensed Embalmer's Statement on Reverse Side)

No Permit Obtained

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 M Ewin, Student Embalmer No. 661 working under my personal supervision.

Student John M Ewin
Signature of Student Embalmer

Signed Max W. Pickering

Licensed Embalmer No. 4696

P. O. Address El Dorado Spgs., 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.