

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-031606

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 21

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10510
20510

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4 1

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123-0

133-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 1 Hr 1 Min	c. CITY OR TOWN Knobnoster, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION USAF Hospital, Whiteman AFB, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 108 S. Bagby
3. NAME OF DECEASED (Type or print) First Sarah Middle Ellen Last Johnson			4. DATE OF DEATH Month Sep Day 2 Year 62
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2 Sep 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (last birthday) -
11. BIRTHPLACE (City and state or country) Whiteman AFB, Mo		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Carroll L Johnson		13b. MOTHER'S MAIDEN NAME JoAnne Dickson	
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 1Lt Carroll L Johnson		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Atelectasis			INTERVAL BETWEEN ONSET AND DEATH 1 Hr 1 Min
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 I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. - p.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 COUNTY STATE -	
21. I attended the deceased from 2 Sep 62 to 2 Sep 62 and last saw her/him alive on 2 Sep 62 Death occurred at 1906 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James Benton</i>		22b. ADDRESS Whiteman AFB, Missouri	
22c. DATE SIGNED 3 Sep 62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/4/62	23c. NAME OF CEMETERY OR CREMATORY KnobNoster Cemetery	23d. LOCATION (City, town, or county) KnobNoster, Mo.
24. FUNERAL DIRECTOR Sweeney-Phillips-Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. Sept 4-62	26. REGISTRAR'S SIGNATURE <i>Erma L Beatty</i>

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. Earl Trust

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.