

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-037540**

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 238

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0047  
2 0690  
3  
4 1  
5 0  
6  
7 0  
8 2  
9776X  
10  
11  
12 1-0  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>AUDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONROE</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>MEXICO</u>		c. CITY OR TOWN <u>JEFFERSON TWP</u>	
Length of stay in 1b <u>10 HRS.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AUDRAIN CO. HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>7MI. E. OF PARIS, MO.</u>	
3. NAME OF DECEASED (Type or print) First <u>PATTY</u> Middle <u>JOHNSON</u> Last <u>JOHNSON</u>		4. DATE OF DEATH Month <u>NOV.</u> Day <u>2</u> Year <u>1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/2/1962</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MEXICO, MO.</u>
13a. FATHER'S NAME <u>FRANKIE RAY JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>JANENE JOHNSON MINTZ</u>	14. NAME OF HUSBAND OR WIFE <u>STOUTSVILLE MO.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>MRS HARRY HUNT R-1-</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u>			INTERVAL BETWEEN ONSET AND DEATH
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 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 _____ 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 <u>9:00 am 11-2-62</u> to <u>11:30 am 11-2-62</u> and last saw her alive on <u>11-2-62</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>MEXICO, MO.</u>	22c. DATE SIGNED <u>11/2/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL NOV. 3, 1962</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL CEM.</u>	23d. LOCATION (City, town, or county) <u>3 MI. E. OF PARIS, MO.</u>
24. FUNERAL DIRECTOR <u>E. H. AGNEW</u> ADDRESS <u>PARIS, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 3-1962</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>

USE BLACK INK OR TYPEWRITER RIBBON

*Laurence R. Ehle MD*

11/11

**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 E. M. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.