

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039814

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 275

STATE FILE NUMBER

FILED NOV 13 1962

VS 300  
Rev. 4/59

1 0887

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MOBERLY</u>		Length of stay in 1b <u>9 days</u>	c. CITY OR TOWN <u>BRUNSWICK</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WOODLAND HOSPITAL</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>E. B. ROADWAY</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ELIHUE BERT JOHNSON</u>			4. DATE OF DEATH Month Day Year <u>OCT. 30 1962</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-14-1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DRY GOODS STORE MERCER CO., MO.</u>	9. AGE (last birthday) <u>82</u>
11a. FATHER'S NAME <u>CHARLES JOHNSON</u>		11b. MOTHER'S MAIDEN NAME <u>JULIA</u>	11c. BIRTHPLACE (City and state or country) <u>U.S.A.</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		12b. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
13. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma, Metastatic</u> DUE TO (b) <u>Carcinoma, Prostatic</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE <u>VIOLA JOHNSON</u>	
15. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		16. 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	
17. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	18. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	23. CITY, TOWN, OR LOCATION COUNTY STATE
24. I attended the deceased from <u>7-1-62</u> to <u>10-30-62</u> and last saw <sup>her</sup> him alive on <u>10-30-62</u> Death occurred at <u>1:08 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		25. SIGNATURE (Degree or title) <u>D. W. Stewart M.D.</u> 26. ADDRESS <u>Brunswick</u> 27. DATE SIGNED <u>10-31-62</u>	
28. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	29. DATE <u>NOV. 1, 1962</u>	30. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	31. LOCATION (City, town, or county) (State) <u>BRUNSWICK, MISSOURI</u>
32. FUNERAL DIRECTOR ADDRESS <u>HEISEL + KOCH, BRUNSWICK, MO.</u>		33. DATE RECD. BY LOCAL REG. <u>Nov. 1-62</u>	34. REGISTRAR'S SIGNATURE <u>[Signature]</u>

**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 William P. Foch

Licensed Embalmer No. 4751

P. O. Address Brunswick, 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.