

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005339

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 290

STATE FILE NUMBER

FILED MAR 11 1963	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>	c. CITY OR TOWN <u>St. Joseph</u>
Length of stay in 1b <u>65 Years</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>St. Joseph's Hospital</u>	d. STREET ADDRESS (if outside, give location) <u>1902 Angeliqne Street</u>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Tom</u> Middle <u>Johnson</u> Last <u>Johnson</u>	4. DATE OF DEATH Month <u>February</u> Day <u>23</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 15, 1893</u>
9. AGE (last birthday) <u>70</u>	10. IF UNDER 1 YEAR Months <u>70</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) <u>Chimney Sweep (ret.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>
11. BIRTHPLACE (City and state or country) <u>Platte City, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Emmitt Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Liza J. Johnson</u>
14. NAME OF HUSBAND OR WIFE <u>Unknown</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>[redacted]</u>	17. INFORMANT Address <u>Edmond Johnson, Henrietta, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock, traumatic</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Strachan Demun, Rt.</u>	
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 checked="" 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.) <u>Hit by car while walking on Highway</u>	
20c. TIME OF INJURY Hour <u>3:32</u> p.m. Month, Day, Year <u>2/22/63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	20f. CITY, TOWN, OR LOCATION <u>St. Joseph</u> COUNTY <u>Mo.</u> STATE
21. I, attended the deceased from <u>2-28-63</u> to <u>2-23-63</u> and last saw him alive on <u>2-22-63</u> . Death occurred at <u>3:30a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>R. L. Maginn</u> (Degree or title) <u>MD</u>	22b. ADDRESS <u>702 Julia, St. Joseph, Mo</u>
22c. DATE SIGNED <u>2-28-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 27, 1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Sunbridge Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
24. FUNERARY DIRECTOR <u>Wm. H. [redacted]</u> ADDRESS <u>St. Joseph, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 8, 1963</u>
26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Woodell</u>	

VS 300
Rev. 4/59
15117
25117
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4 2
5 3
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7 0
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11 511
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

R. L. Maginn Medical Certification

USE BLACK INK OR TYPEWRITER RIBBON

MAR 11 1963

Permit issued 2/27/63

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St Joseph, 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.