MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-014223
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 847

FILED MAR 18 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 4002
2 4003
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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: ST. L. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLAYTON, MO — Length of stay in Ib:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ST. L. COUNTY — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MO b. COUNTY: ST. L
c. CITY OR TOWN: KIRKWOOD — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 236 ELECTRIC — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: HESTER Middle: Last: JOHNSON
4. DATE OF DEATH Month: 3 Day: 6 Year: 1963
5. SEX: FEMALE
6. COLOR OR RACE: COL
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-5-1899
9. AGE (last birthday): 64 — IF UNDER 1 YEAR Months: 5 Days: 18 — IF UNDER 24 HR Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and state or country): KIRKWOOD MO
12. CITIZEN OF WHAT COUNTRY: U. S. A
13a. FATHER'S NAME: HENRY FANDEL
13b. MOTHER'S MAIDEN NAME: NANCY MITCHELL
14. NAME OF HUSBAND OR WIFE: CHARLES JOHNSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates c
16. SOCIAL SECURITY NO.
17. INFORMANT: CHARLES JOHNSON Address: 236 ELECTRIC

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Influenza — 2 weeks
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Senility
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 March 19, 1963 to ____ and last saw her alive on March 19, 1963
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Lois C. Hyatt, M.D. (Degree or title)
22b. ADDRESS: 134 W. Adams
22c. DATE SIGNED: 3-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3-11-63
23c. NAME OF CEMETERY OR CREMATORY: FR. DICKSON
23d. LOCATION (City, town, or county) (State): CRESTWOOD, MO

24. FUNERAL DIRECTOR: JOHN W. HEMPHILL ADDRESS: 4085 FILLMORE
25. DATE RECD. BY LOCAL REG.: 3-11-63
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Hester Johnson

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 Truffine E. Cooper

Licensed Embalmer No. 4606

P. O. Address 4644 St. Ferdinand

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.