

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042764

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 1

FILED DEC 12 1963

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>WASHINGTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MEXICO</u>		c. CITY OR TOWN <u>Potosi, MO.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AUDRAIN HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>502 UPPER STREET</u>	
3. NAME OF DECEASED (Type or print) First <u>Myrtle</u> Middle <u>ESTELLA</u> Last <u>JOHNSON</u>		4. DATE OF DEATH Month <u>DEC</u> Day <u>9</u> Year <u>63</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-18-88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>LOST CREEK, MO</u>
13a. FATHER'S NAME <u>THOMAS VAUGHN</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY MATTHEW</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>NO</u>		17. INFORMANT <u>KENNETH JOHNSON, MEXICO, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cor pulmonale</u> DUE TO (b) <u>Obstructive pulmonary emphysema</u> DUE TO (c) <u>15 years</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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>10-20-63</u> to <u>12-8-63</u> and last saw her/him alive on <u>12-8-63</u> Death occurred at <u>6:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Ernest A. Smith MD</u>		22b. ADDRESS <u>Mexico, MO</u>	
22c. DATE SIGNED <u>12-9-63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>Dec 9-63</u>	23c. NAME OF CEMETERY OR CREMATORY	
23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR <u>William H. Gurn, Potosi, MO</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 10-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Alberta Edmonston</u>			

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

VS 300
Rev. 4/59

1 0047

2 1101

3

4 3

5 2

6

7 0

8 2

9 5271

10

11

12 0

13 30

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

DEC 31 1963

DEC 24 1963

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 H. Gunn

Licensed Embalmer No. 5155

P. O. Address Petersi, 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.