

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-043659

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 291

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		c. CITY OR TOWN <u>Lincoln</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Jolly Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>streets not numbered</u>	
3. NAME OF DECEASED (Type or print) <u>Maggie JOHNSON</u>		4. DATE OF DEATH Month <u>nov</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</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>3/12/1870</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9c. BIRTHPLACE (City and state or country) <u>Lincoln, mo</u>	9d. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
10a. FATHER'S NAME <u>Thomas J. J. J. J.</u>	10b. MOTHER'S MAIDEN NAME <u>Emeline J. J. J.</u>	11. NAME OF HUSBAND OR WIFE <u>Walter Johnson, Lincoln, mo</u>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		13. SOCIAL SECURITY NO. <u>none</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> <u>Pulmonary Edema</u> <u>Acute Myocardial Insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>2 hrs.</u> <u>24 hrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary Artery Disease - Cerebral arteriosclerosis - Senility</u>		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	
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	16. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	17. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
18. TIME OF INJURY Hour <u>4:20</u> a.m. <u>4</u> p.m.	19. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20. CITY, TOWN, OR LOCATION <u>Clinton, Mo.</u>	
21. I attended the deceased from <u>8-1-61</u> to <u>11-6-63</u> and last saw her/him alive on <u>11-6-63</u> Death occurred at <u>4:20</u> <u>4</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	22. SIGNATURE (Degree or title) <u>Clinton L. Glaspie MD</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov 8, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>	23d. LOCATION (City, town, or county) <u>Lincoln mo</u>
24. FUNERAL DIRECTOR <u>Fred Davis & Son, Lincoln</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 11, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Le Roy Davis

Licensed Embalmer No. 5217

P. O. Address Lincoln, 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.

Permit Obtained 11-11-63

(MS) 3421

Call when ready.