

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-04798  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3033 Registrar's No. 335

FILED DEC 30 1963

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

DOCUMENT

INSTEAD OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clinton</i>		Length of stay in lb <i>1 week</i>	c. CITY OR TOWN <i>Clinton</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Clinton Gen. Hosp.</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <i>301 S Orchard</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First <i>Funice</i> Middle <i>Wauh</i> Last <i>Johnson</i>		4. DATE OF DEATH Month <i>12</i> Day <i>23</i> Year <i>63</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>1-13-1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (City and state or country) <i>Henry Co. Mo</i>
13a. FATHER'S NAME <i>Dallas Benegelle</i>		13b. MOTHER'S MAIDEN NAME <i>Nanny Maher</i>	14. NAME OF HUSBAND OR WIFE <i>Geo. A Johnson</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT <i>Geo. A Johnson</i> Address <i>Clinton Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic Pneumonia</i> INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Interstitial Lenticular Heart Disease</i>	
		DUE TO (c) <i>with Decompensation</i>	
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 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.)	
20c. TIME OF INJURY Hour p.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 <i>Clinton Mo</i>	COUNTY <i>Clinton</i> STATE <i>Mo</i>
21. I attended the deceased from <i>12-18-63</i> to <i>12-23-63</i> and last saw <i>her</i> alive on <i>12-23-63</i> Death occurred at <i>7:00p</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Richard H. Tracy M.D.</i> (Degree or title)		22b. ADDRESS <i>106 S. 3rd Clinton Mo</i>	22c. DATE SIGNED <i>12-27-63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-26-63</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Englewood</i>	23d. LOCATION (City, town, or county) <i>Clinton</i> (State) <i>Mo</i>
24. FUNERAL DIRECTOR <i>F.L. Schaberry Clinton Mo</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Dec. 27, 1963</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

(Licensed Embalmer's Statement on Reverse Side)

Permit Obtained 12-27-63

W.M.

Feb 11 1964

**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

*TL Schaberg*

Licensed Embalmer No. *4593*

P. O. Address *Clinton 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.