

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0050697

Registration District No. 133

Primary Registration District No. 30223498

Registrar's No. 12

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

FILED JAN 21 1964

1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HARRISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>HAMILTON</u>		c. CITY OR TOWN <u>HATFIELD</u>	
Length of stay in lb <u>83 YRS</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>HOME</u>		d. STREET ADDRESS (If outside, give location) <u>8 Miles N.E. HATFIELD, Mo</u>	
3. NAME OF DECEASED (Type or print) First <u>CORA</u> Middle <u>Bell</u> Last <u>JOHNSTON</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>20</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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 27, 1880</u>
9. AGE (last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>	
10a. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>HARRISON Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>John Johnston</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY A DENNATT</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>No</u>	
17. INFORMANT <u>Mrs Oral Tull, Hatfield, Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) _____ 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		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>3:50 A</u> Month, Day, Year <u>Nov 19, 63</u>	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 <u>HATFIELD, MO</u>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <u>1960</u> to <u>1963</u> and last saw her alive on <u>Nov 19, 63</u> Death occurred at <u>3:50 A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Frank B. McCreary, M.D.</u>		22b. ADDRESS <u>Grand City, Mo</u>	
22c. DATE SIGNED <u>11/22/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Nov 23, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Payne Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>HATFIELD, MO</u>
24. FUNERAL DIRECTOR <u>Graham W. Beagoss, Eagle, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-15-1964</u>	
26. REGISTRAR'S SIGNATURE <u>Gella Mayes</u>			

(Licensed Embalmer's Statement on Reverse Side)

1908300-1

**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

Leland W. Boggess

Licensed Embalmer No.

4762

P. O. Address

Eagleville, 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.