

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028855

FILED VS. SEP 8 1959 137

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 223

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Henry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Henry</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Windsor</i>		Length of stay in 1b <i>12 yrs.</i>		c. CITY OR TOWN <i>Windsor</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>Windsor Hospital</i>				d. STREET ADDRESS (If outside, give location) <i>205 S. Tebo St.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>SEYMORE</i> Middle <i>R</i> Last <i>JOHNSON</i>			4. DATE OF DEATH Month <i>August</i> Day <i>21</i> Year <i>1959</i>					
5. SEX <i>Male</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>Feb 15, 1896</i>		
9. AGE (last birthday) <i>63</i>		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Assessor</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>Sletcher County Mo. U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <i>Major Johnson</i>			13b. MOTHER'S MAIDEN NAME <i>Jane Amburgey</i>			14. NAME OF HUSBAND OR WIFE <i>Lilla Belle Dickey</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Mrs Seymour Johnson Windsor 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 2 days</i> <i>Arteriosclerotic Heart Disease 3 yrs</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH	
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>12-1-52</i> to <i>8-21-59</i> and last saw him alive on <i>8-21-59</i> Death occurred at <i>10:30</i> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Clarence M. Humber MD</i>				22b. ADDRESS <i>Windsor, Mo</i>		22c. DATE SIGNED <i>8/21/59</i>		
23a. BURIAL (CREMATION, REMOVAL) (Specify) <i>Burial</i>		23b. DATE <i>Aug. 23, 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Lanell Oak Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Windsor Mo</i>		
24. FUNERAL DIRECTOR <i>Ellis M. Hutton Windsor Mo</i>			25. DATE RECD. BY LOCAL REG. <i>Aug 31 - 59</i>		26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 9 6 43S

NOV 23 1959

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 *Ellie M. Austin*

Licensed Embalmer No. 3391

P. O. Address *Winchester 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.