

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011371

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 110

FILED APR 8 1963	
1. PLACE OF DEATH	
a. COUNTY Henry	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton	a. STATE Mo. b. COUNTY Henry
Length of stay in lb 1 Da	c. CITY OR TOWN Deepwater Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hospital	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First BESSIE	Middle J.
Last CROMER	
4. DATE OF DEATH	
Month April Day 6, Year 1963	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/1/1881
9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 2 Days 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) North Carolina	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Joseph Oliver Johnson	13b. MOTHER'S MAIDEN NAME Martha Blair
14. NAME OF HUSBAND OR WIFE Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. None
17. INFORMANT Rt. 91# 1, Ruth Vansant, Clinton, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
Dyspnea et. foot	12 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	10 months
DUE TO (b)	
Generalized arterio-sclerosis	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ure	
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"/> 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 a.m. p.m.	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 Clinton, Mo.
20g. COUNTY Henry STATE Mo.	
21. I attended the deceased from Dec 1947 to 4/6/63 and last saw her alive on 4/6/63 Death occurred at 8:05 A m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE S-B. Hughes (Degree or title) M.D.	22b. ADDRESS Clinton, Mo.
22c. DATE SIGNED 4/6/63 (State)	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE April 7, 1963
23c. NAME OF CEMETERY OR CREMATORY Teays Chapel Cemetery	
23d. LOCATION (City, town, or county) Montrose, Mo. Rural	
24. FUNERAL DIRECTOR Vansant Funeral Home, Clinton, Mo.	25. DATE RECD. BY LOCAL REG. APRIL 6-1963
26. REGISTRAR'S SIGNATURE Mildred Bigum	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

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 *H. A. Vansant*

Licensed Embalmer No. 3779

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.

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1-4
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Permit Obtained 4-6-63 (M.B.)