

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

2000239

STATE FILE NUMBER

FILED JAN 13 1964

1. PLACE OF DEATH

a. COUNTY

Boone

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia

Length of stay in 1b

6 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

University of Mo Medical Center

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Hickory

c. CITY OR TOWN

WEAUBIEN

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Route #1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

JOE William Johnson

4. DATE OF DEATH

Month

Day

Year

1 10 64

5. SEX

MALE

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-20-36

9. AGE (last birthday)

27

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

OWNER OF SERVICE STATION

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

JERICHO SPRINGS Mo. USA

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

FRED JOHNSON

13b. MOTHER'S MAIDEN NAME

Ethel Johnson

14. NAME OF HUSBAND OR WIFE

Sally Ann Johnson (wife)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

500-36-9273 University of Mo Medical Records

17. INFORMANT

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)

Pulmonary edema

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Congestive heart failure

DUE TO (c)

Chronic Renal Disease

INTERVAL BETWEEN
ONSET AND DEATH

6 days

2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Malignant hypertension; Uremia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

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.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

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 1-4-64 to 1-10-64 and last saw him alive on 1-10-64
Death occurred at 5:25 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Mary Jean Hood, M.D.

22b. ADDRESS

UNIVERSITY MEDICAL CENTER
Columbia Missouri

22c. DATE SIGNED

1-10-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Jan 12-64

23c. NAME OF CEMETERY OR CREMATORY

City Cemetery

23d. LOCATION (City, town, or county)

Stockton Mo

24. FUNERAL DIRECTOR

ADDRESS

Mo

25. DATE RECD. BY LOCAL REG.

Jan 19 1964

26. REGISTRAR'S SIGNATURE

Mrs R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

5156000

AUG 20 1964
JUL 1 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 Richard A. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia, 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.