

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0044364
0044364
300 STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 300

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

1 0425
2 0420

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Henry b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in 1b 18 Days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry c. CITY OR TOWN Calhoun Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Westzel Osteopathic Hosp.		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Elizabeth Johnson			4. DATE OF DEATH Month Day Year Nov. 20, 1964
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/7/1912
9. AGE (last birthday) 52		IF UNDER 1 YEAR Months 3 Days 13	IF UNDER 24 HR Hours 13 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Hardin, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Samuel Clark		13b. MOTHER'S MAIDEN NAME Mary Elizabeth McCorkendale	14. NAME OF HUSBAND OR WIFE Claude R. Johnson
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. 40 496 24 6863	17. INFORMANT Address Claude R. Johnson, Calhoun, Mo. box 127
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma of Breast DUE TO (b) Carcinoma of Breast DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 3 yr
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 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. 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 COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Registrator title) <i>[Signature]</i>		22b. ADDRESS 105E Ohio Calhoun	22c. DATE SIGNED 11-20
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 22, 1964	23c. NAME OF CEMETERY OR CREMATORY Calhoun Cemetery
23d. LOCATION (City, town, or county) Calhoun, Mo.		24. FUNERAL DIRECTOR ADDRESS Vansant Funeral Home, Clinton, Mo.	
25. DATE RECD. BY LOCAL REG. Nov. 20, 1964		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

15 08 21 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

W. A. Vassant

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.