

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012267

FILED VS. MAR 22 1960 316

Primary Registration District No. 3061 Registrar's No. 104

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. FRANCOIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FIAT RIVER			Length of stay in 1b		c. CITY OR TOWN FIAT RIVER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 409 LEWIS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NANCY Middle A. Last JOHNSON			4. DATE OF DEATH Month MARCH Day 12 Year 1960				
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 AUG. 17, 1889	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) FREDERICKTOWN MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME PHILLIP POLETE			13b. MOTHER'S MAIDEN NAME MARY E. LITTERAL		14. NAME OF HUSBAND OR WIFE W.E. 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. NONE	17. INFORMANT W.E. Johnson Address Flat River, 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) Intercopillary glomerulo sclerosis						INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
DUE TO (b) Diabetes Mellitus						unknown	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease						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. 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 8-22-58 to 2-21-60 and last saw her/him alive on 2-21-60 Death occurred 2:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. H. Fuller M.D.				22b. ADDRESS Bonne Terre, Mo.		22c. DATE SIGNED 3-14-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MARCH 15, 1960	23c. NAME OF CEMETERY OR CREMATORY PARKVIEW		23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON MO.			
24. FUNERAL DIRECTOR P. Caldwell and Sons ADDRESS Flat River, Mo.			25. DATE RECD. BY LOCAL REG. Mar. 15, 1960		26. REGISTRAR'S SIGNATURE Esther Rudloff		

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

MAR 23 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Ronald Dale Caldwell, Student Embalmer No. 587

working under my personal supervision.

Student Ronald Dale Caldwell
Signature of Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 253

P. O. Address Flat River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.