

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 33-0032589 STATE FILE NUMBER

VS 300  
Rev. 4/59

1 0940

2 0942

3 2

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13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FARMINGTON, MO - RURAL</u>		c. CITY OR TOWN <u>FLAT RIVER, MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MINEVAL AREA HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>409 LEWIS ST</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM Edward JOHNSON</u>		4. DATE OF DEATH Month Day Year <u>AUG 8 1964</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 26, 1884</u>
9. AGE (last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MINER</u>	
11. BIRTHPLACE (City and state or country) <u>LIBERTYVILLE, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH BARRON</u>	
14. NAME OF HUSBAND OR WIFE <u>NANCY ANNA JOHNSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>493-03-9781-A</u>		17. INFORMANT Address <u>MRS JEAN KENNEDY FLAT RIVER, MO.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial failure</u> DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>(Aneurysm fibulation for several years)</u> 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u> <u>several years</u>
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 <u>1952</u> to <u>Aug 8, 1964</u> and last saw him alive on <u>Aug 7th 1964</u> Death occurred at <u>4:10</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W.A. Radloff D.D.</u>		22b. ADDRESS <u>225 W. Main Flat River Mo</u>	
22c. DATE SIGNED <u>8/10/64</u>		23. LOCATION (City, town, or county) (State) <u>FARMINGTON, MO.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>AUG 10, 1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PARKVIEW CEMETERY</u>	
24. FUNERAL DIRECTOR ADDRESS <u>CALDWELL &amp; SONS FLAT RIVER, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 10, 1964</u>	
26. REGISTRAR'S SIGNATURE <u>Eather Radloff</u>			

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NO. 03051124

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**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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Fish River, 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.