

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013166

AMENDED #11 FILED APR 25 1961 Registration District No. 99 Primary Registration District No. \_\_\_\_\_ Registrar's No. 23 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY DeKalb  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stewartsville Length of stay in 1b \_\_\_\_\_  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY DeKalb  
 c. CITY OR TOWN Stewartsville Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) \_\_\_\_\_ Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Bertha Middle - Last Johnson 4. DATE OF DEATH Month Apr. Day 18 Year 1961  
 5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 2-21-1883 9. AGE (last birthday) 78  
 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) Homemaker 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) Germany 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Ljabe Johnson 13b. MOTHER'S MAIDEN NAME Not known 14. NAME OF HUSBAND OR WIFE Benj. O. 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. 499-18-5291 17. INFORMANT Dr. Joseph L. Mo Address 3207 Westview Dr.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 15 min.  
 DUE TO (b) Generalized Atherosclerosis years  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.  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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

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 1959 to April 18, 1961 and last saw her alive on April 18, 1961  
 Death occurred at 12:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. L. Dwyer (Degree or title) DO 22b. ADDRESS Stewartsville, Mo 22c. DATE SIGNED 4/19/61

23a. BURIAL, CREMATION, REMOVAL, (Specify) Burial 23b. DATE 4-21-61 23c. NAME OF CEMETERY OR CREMATORY Maple Grove 23d. LOCATION (City, town, or county) (State) Stewartsville, Mo

24. FUNERAL DIRECTOR W. E. Summerfield ADDRESS Stewartsville, Mo 25. DATE RECD. BY LOCAL REG. 4-20-61 26. REGISTRAR'S SIGNATURE Leticia E. Davidson

**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. Summersfield*  
\_\_\_\_\_  
Licensed Embalmer No. 3007

P. O. Address Stewartsville, N.C.

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.