

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-051184
STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. 6164 Registrar's No. 40

DO NOT WRITE ON THIS STUB
AMENDED

VS 300 Rev. 4/59
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 FILED ON A STATEMENT OF FRANK S. HUFFINES, JUDGE OF THE MAGISTRATE AND PROBATE COURTS, STONE COUNTY, MISSOURI.
 BY AROUSALDOX

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN (Grant)		Length of stay in 1b	c. CITY OR TOWN Crane
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS R#2 (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Oliver Middle H Last Johnson			4. DATE OF DEATH October 9 1963 Month October Day 9 Year 1963
5. SEX Male	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 6/9/1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 64 IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) Stone County, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Bright Johnson		13b. MOTHER'S MAIDEN NAME Susan Wise	14. NAME OF HUSBAND OR WIFE Jewell 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.	
17. INFORMANT Mrs Jewell Johnson, Crane, Mo		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) Hypertensive Cardiovascular Renal Disease with Glomerulonephritis and Nephrosclerosis DUE TO (b) Disease with Glomerulonephritis DUE TO (c) and Nephrosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 5 years
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 2-8-62 to death and last saw him alive on Oct. 8, 1963 Death occurred at 1 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Fred L. Wommack M.D. (Degree or title)		22b. ADDRESS Crane Mo	22c. DATE SIGNED 10-16-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/11/63	23c. NAME OF CEMETERY OR CREMATORY Masonic	23d. LOCATION (City, town, or county) (State) Crane, Missouri
24. FUNERAL DIRECTOR Manlove Funeral Home, Crane, Mo ADDRESS		25. DATE RECD. BY LOCAL REG. Nov 29, 1966	26. REGISTRAR'S SIGNATURE Mary F. Stewart

USE BLACK INK OR TYPEWRITER RIBBON

