

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

65-043695

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 5503 Registrar's No. 272

STATE FILE NUMBER

FILED NOV 22 1965

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethlehem Twsp		Length of stay in lb All Life	c. CITY OR TOWN Bethlehem Twsp Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD 6, Clinton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Clinton RFD 6 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) LILLIE MAE JOHNSON			4. DATE OF DEATH Month November Day 18 Year 1965
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/26/84
9. AGE (last birthday) 81		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Henry Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Godfrey Kaiser		13b. MOTHER'S MAIDEN NAME Sophia Reid	
14. NAME OF HUSBAND OR WIFE S.V. Johnson, Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Jessie Rogers, Clinton, 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) modulating paralysis			INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Cerebral Vascular Hemorrhage 2-hr
			DUE TO (c) Cerebral arteriosclerosis 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 <u>11/10/64</u> to <u>11/18/65</u> and last saw her/him alive on <u>11/18/65</u> Death occurred at <u>4:10 pm</u> <u>11/18/65</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Jessie Rogers</i>		(Degree or title)	22b. ADDRESS <u>105 E. 1st Clinton Mo</u>
22c. DATE SIGNED <u>11/18/65</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/21/65	23c. NAME OF CEMETERY OR CREMATORY Bethlehem	23d. LOCATION (City, town, or county) (State) Henry Co., Missouri
24. FUNERAL DIRECTOR Consalus Clinton, Mo.		25. DATE RECD. BY LOCAL REG. Nov 19, 1965	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i> MB

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Doctor: 2:00 P.M. Nov 19

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 Eugene R. Consalvo

Licensed Embalmer No. 4680

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.

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Permit Obtained 11-19-65 (MB)