

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0039694

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

06111027 84

5306

10, 10-20-64

VS 300
Rev. 4/59

1 0260
2 0260
3
4 1
5 1
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7 0
8 1930
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10
11
12 91-2
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centertown, Mo		Length of stay in 1b Life	c. CITY OR TOWN Centertown, Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home--Rt # 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt # 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Peggy Ruth Johnson			4. DATE OF DEATH Month Day Year Oct 20 1964
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 1/24/31
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 33 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11a. FATHER'S NAME James Ray		11b. MOTHER'S MAIDEN NAME Ester Gibler	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE Howard 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. 493-34-0147	17. INFORMANT Address Howard Johnson-Centertown, 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) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic melonoma of brain			3 mo
DUE TO (c) melonoma			11 mo
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 November 21, 1943 and last saw her alive on Oct. 20, 1964 Death occurred at 4 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Carlton D. Merrifield D.O.</i>		22b. ADDRESS Centertown, Mo	22c. DATE SIGNED 10/21 64
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/22/64	23c. NAME OF CEMETERY OR CREMATORY Centertown Cemetery	23d. LOCATION (City, town, or county) (State) Centertown, Mo
24. FUNERAL DIRECTOR ADDRESS Bowlin Funeral Home--California, Mo		25. DATE RECD. BY LOCAL REG. Oct. 22	26. REGISTRAR'S SIGNATURE <i>Mirvise Hittman</i>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 19 1950

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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 John R. Bowlin
Licensed Embalmer No. 5150

P. O. Address California, 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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