

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047467

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 80 Primary Registration District No. 23074/41 Registrar's No. 21

FILED JAN 2 1964

VS 300
Rev. 4/59

10260
20260

3
4 0
5 1
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7 0
8 2
9 1930
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12 90-2
13 7-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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 lb 35 Yrs	c. CITY OR TOWN Centertown, Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home-Centertown, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Gen Del Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ralph Arnold Johnson			4. DATE OF DEATH Month Day Year Dec 27 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 11/28/12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Roofer	11. BIRTHPLACE (City and state or country) Cole Co
13a. FATHER'S NAME James E. Johnson		13b. MOTHER'S MAIDEN NAME Maude Miller	14. NAME OF HUSBAND OR WIFE Fern Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 2		16. SOCIAL SECURITY NO. 486-18-2453	17. INFORMANT Address Mrs Ralph 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) Ventricular Fibrillation Pulmonary Emboli DUE TO (b) Generalized Carcinomatosis DUE TO (c) Metastatic Carcinoma of Cerebrum PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Metastatic Carcinoma of Cerebrum			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 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 Month, Day, Year s.m. p.m.	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 6-29-63 to 12-27-63 and last saw ^{him} alive on 12-27-63 Death occurred at 8/10P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Leo M. Baker, D.O.		22b. ADDRESS Jefferson City, Mo	22c. DATE SIGNED 12-28-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/29/63	23c. NAME OF CEMETERY OR CREMATORY Centertown Cemetery	23d. LOCATION (City, town, or county) Centertown, Mo
24. FUNERAL DIRECTOR ADDRESS Bowlin Funeral Home-California, Mo		25. DATE RECD. BY LOCAL REG. Dec. 29	26. REGISTRAR'S SIGNATURE Missie Nettumyer

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 8 1964

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 Jack H. Bowlin

Licensed Embalmer No. 4933

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.