

124 72 019909

CERTIFICATE OF DEATH

FILED

OCT 13 1972

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 828

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/70

| | | | |
|--|------------------------------------|--|--|
| DECEASED—NAME FIRST MIDDLE LAST | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) |
| 1. Maria Corinne Johnson | | 2. F | 3. Oct 7, 1972 |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | AGE—LAST BIRTHDAY (YEARS) MO. DAYS | UNDER 1 DAY HOURS MIN. | DATE OF BIRTH (MONTH, DAY, YEAR) |
| 4. White | 5b. 94 | 5c. | 6. Jan. 12, 1878 |
| CITY, TOWN, OR LOCATION OF DEATH | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | |
| 7b. Columbia | | 7c. Yes 7d. Boone County Hospital | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) |
| 1. Missouri | | 1. USA | 10. Widowed |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | KIND OF BUSINESS OR INDUSTRY |
| 12. 499-40-8246D | | 13b. Homemaker | 13c. |
| RESIDENCE—STATE | COUNTY | CITY, TOWN, OR LOCATION | INSIDE CITY LIMITS (SPECIFY YES OR NO) |
| 14a. Missouri | 14b. Moniteau | 14c. Jamestown | 14d. |
| FATHER—NAME FIRST MIDDLE LAST | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | |
| 15. Robert Gamm | | 16. Anna Virginia Fuller | |
| INFORMANT—NAME | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | |
| 17a. Charlotte H. Johnson | | 17b. 105 W. Broadway Columbia, Mo. 65201 | |
| PART I. DEATH WAS CAUSED BY: | | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | |
| 18. IMMEDIATE CAUSE | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| (a) Respiratory Arrest | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | |
| (b) Pneumonia & dehydration | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | |
| (c) | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | AUTOPSY (YES OR NO) | |
| cachexia | | 19. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | | DATE OF INJURY (MONTH, DAY, YEAR) | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) |
| 20a. | 20b. | 20c. | 20d. |
| INJURY AT WORK (SPECIFY YES OR NO) | | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (BLOG., ETC. (SPECIFY)) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) |
| 20e. | 20f. | 20g. | 20h. |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM | | TO | AND LAST SAW HIM/HER ALIVE ON |
| 21a. 0-7 1972 | | 21b. Oct 7 1972 | 21c. Oct 7 1972 |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS | |
| 22a. | | 22b. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK | |
| CERTIFIER—NAME (TYPE OR PRINT) | | SIGNATURE | DEGREE OR TITLE |
| 23a. Harold L. Polite M.D. | | 23b. [Signature] | 23c. Oct 7, 1972 |
| MAILING ADDRESS—CERTIFIER | | STREET OR R.F.D. NO. | CITY OR TOWN |
| 23d. 713 W. Broadway | | 23e. Columbia | 23f. Mo. 65201 |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | LOCATION |
| 24a. Removal-Burial | | 24b. Union Cemetery | 24c. Jamestown, Missouri |
| DATE (MONTH, DAY, YEAR) | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | |
| 24d. 10-10-1972 | | 24e. Williams Funeral Home 211 S. Oak Calif. Mo. 65018 | |
| FUNERAL DIRECTOR—SIGNATURE | | REGISTRAR—SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR |
| 25a. [Signature] | | 25b. [Signature] | 25c. Oct 10 1972 |

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 _____

Licensed Embalmer No. 5172

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.