

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000835

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED JAN 29 1963

1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Jefferson City

Length of stay in 1b
13 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Charles E. Still Hospital

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Moniteau

c. CITY OR TOWN Jamestown

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS In City

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

SNELLING

ROBERT

JOHNSON

4. DATE OF DEATH

January 15, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1/31/1873

9. AGE (last birthday)
89

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY
Own Farm

11. BIRTHPLACE (City and state or country)
Jamestown, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Isaiah V. Johnson

13b. MOTHER'S MAIDEN NAME

Rachel Hall

14. NAME OF HUSBAND OR WIFE

Corinne Gamm

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.
499-40-8246

17. INFORMANT
Mrs. Corinne Johnson, Jamestown, 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)

Uremia

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Ascending Urinary Tract Infection
Prostate Hypertrophy

DUE TO (c)

2 wks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Smoking

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 2-5 to 6:27 and last saw him alive on 1-15-63
Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

January 18, 1963

23c. NAME OF CEMETERY OR CREMATION

Union Cemetery

23d. LOCATION (City, town, or county)

Moniteau County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hugh E. Williams, California, Missouri

25. DATE RECD. BY LOCAL REG.

18 January 1963

26. REGISTRAR'S SIGNATURE

R. H. Richter, Reg.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 0269
2 0680

3

4 0

5 1

6

7 0

8 1

9 0610X

10

11

12 1-2

13 1-0

FEB 28 1963

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 Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, Missouri

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.