MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0007799
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3039 Registrar's No. 75

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0941
2 0942
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4 0
5 1
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT NO.

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAR 1 1966

1. PLACE OF DEATH
a. COUNTY ST. FRANCOIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY ST. FRANCOIS
c. CITY OR TOWN FLAT RIVER
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 211 EMERSON - ST
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First FRANK Middle G. Last JOHNSON

4. DATE OF DEATH Month FEB Day 17 - Year 1966

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH MAY 20 1890

9. AGE (last birthday) 75
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) LEAD MINER

10b. KIND OF BUSINESS OR INDUSTRY LEAD MINER

11. BIRTHPLACE (City and state or country) FREDERICKTOWN, MO

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME WILLIAM JOHNSON

13b. MOTHER'S MAIDEN NAME SARAH BARRON

14. NAME OF ~~HUSBAND~~ OR WIFE JOSIE DAVIS

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. 493-03-9943

17. INFORMANT Address MRS JOSIE JOHNSON - FLAT RIVER, MO.

MEDICAL CERTIFICATION

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: Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c)

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

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 a.m. p.m. Month, Day, Year

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 9-18-53 to 2-17-66 and last saw ~~him~~ alive on 2-16-66
Death occurred at 4:40 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS Bonne Terre, Missouri

22c. DATE SIGNED 2-20-66

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2-20-66

23c. NAME OF CEMETERY OR ~~CREMATORY~~ PARKVIEW CEMETERY

23d. LOCATION (City, town, or county) (State) NEAR FARMINGTON - MO.

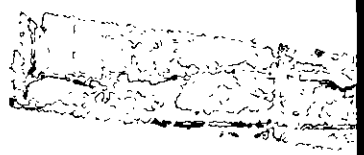
24. FUNERAL DIRECTOR ADDRESS CALDWELL & SONS - FLAT RIVER-MO.

25. DATE RECD. BY LOCAL REG. Feb. 20, 1966

26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1966



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 David P. Caldwell

Licensed Embalmer No. 5184

P. O. Address Flat River, 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.