

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

07906

CERTIFICATE OF DEATH

07894

| | | | | | |
|---|--|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Anne Arundel MARYLAND | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY Anne Arundel | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis | | c. LENGTH OF STAY IN 1b 1 hr. 15 min. | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Annapolis | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Anne Arundel General Hospital | | | d. STREET ADDRESS Rt-3, Box-314 | | e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Theodore Middle Herman Last JOHNSON, Jr. | | | 4. DATE OF DEATH Month June Day 24 Year 1966 | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 15, 1913 | 9. AGE (In years last birthday) yrs. 52 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician | | 10b. KIND OF BUSINESS OR INDUSTRY Medicine | 11. BIRTHPLACE (County & State, or foreign country) Georgia | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME Theodore H. Johnson | | | 14. MOTHER'S MAIDEN NAME Edith Carl | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Unknown | | 16. SOCIAL SECURITY NO. 219-38-8312 | 17. INFORMANT Trene M. Johnson Address Annapolis, Md Rt3 Box 314 | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 451x Ruptured atherosclerotic aneurysm of the abdominal aorta DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH 96 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | |
| 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 | 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | 20f. (City or town) (County) (State) | | |
| 21. I certify that (I) (the hospital) attended the deceased from July , 19 57 , to June 24 , 19 66 , that (I) (was) saw the deceased alive on June 24 , 19 66 , and that death occurred at _____ M, from causes and on the date stated above. | | | | | |
| 22a. SIGNATURE <i>John L. Hedeman</i> | | | ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> | 22b. DATE SIGNED 11:45 AM 6/24/66 | |
| 22c. PHYSICIAN'S NAME (Type) John L. Hedeman, M.D. | | | 22d. ADDRESS 1407 Forest Drive, Annapolis, Md. | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE THEREOF 6/29/66 | 23c. NAME OF CEMETERY OR CREMATORY Carver Memorial | 23d. LOCATION (City or Town) (County) (State) Laurel Md | | |
| 24. FUNERAL DIRECTOR C.E. Hicks, 111 | | | ADDRESS Annapolis, Md | 25a. REC'D BY REGISTRAR JUL 1 1966 | 25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i> |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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