No. 300

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31060

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 315

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place): 1
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
d. STREET ADDRESS (If rural, give location): 905 Lyon St

3. NAME OF DECEASED (Type or Print): a. (First) Ray b. (Middle) c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year): Sept. 10. 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 8. 1897
9. AGE (In years last birthday): 52 — If under 1 year: Months 7, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Worker
10b. KIND OF BUSINESS OR INDUSTRY: Shoe
11. BIRTHPLACE (State or foreign country): Center Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Henry Johnson
13b. MOTHER'S MAIDEN NAME: Lucy Shuck
14. NAME OF ~~HUSBAND~~ OR WIFE: Gladys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War #1
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: William Johnson 905 Church ADDRESS: Hannibal Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Verdict of Jury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Came to his death, results of
DUE TO (c): injuries sustained in an accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
between an automobile driven by

INTERVAL BETWEEN ONSET AND DEATH: E 3166 26

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: himself and a truck driven by
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hywy 61
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Frankford Missouri Virgil Lovelace
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 30 A.M 9/10/49
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Collision 64

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Crawford Smith Coroner
23b. ADDRESS: 902 Broadway Hannibal Missouri
23c. DATE SIGNED: 9/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-15-49
24c. NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal Marion Mo

DATE REC'D BY LOCAL REG.: 9-22-49
REGISTRAR'S SIGNATURE: Dr E M Lucke Deputy W C Fisher
28. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: James O'Donnell Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Michael J O'Donnell

Signed _____
Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.