

No. 300
10. 48

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32969**
32969

BIRTH NO. _____ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 0280 Registrar's No. 503

1. PLACE OF DEATH a. COUNTY <u>Clark Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>	
b. CITY OR TOWN <u>Kahokarural</u>		c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Kahoka rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 4</u>		d. STREET ADDRESS (If rural, give location) <u>0230</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AMBROSE</u> b. (Middle) <u>Johnson</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21, 1950</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan. 21, 1872</u>	9. AGE (In years last birthday) <u>78</u> Months <u>9</u> Days <u>19</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>stock raiser</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Neva, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jarathau Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Johnston</u>	14. NAME OF HUSBAND OR WIFE <u></u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) <u></u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. D. L. Fullerton</u> ADDRESS <u>Redding</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 1/2</u> <u>25</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auto accident on Highway No 11</u>		
	DUPLICATE CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Highway No 11</u> DUE TO (c) <u>Sudden</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>023</u>	19b. MAJOR FINDINGS OF OPERATION <u></u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway no 4</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lincoln, Clark, MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 21, 1950 8:45 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by car</u>
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 6:45 p.m., 1950, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Perry S. Barton</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Kahoka, MO</u>	23c. DATE SIGNED <u>10-23-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 24, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethlehem Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Clark Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/26-50</u>	REGISTRAR'S SIGNATURE <u>J. B. Briggs</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Fullerton</u> ADDRESS <u>Kahoka</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: OCT 30 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-177
Date Filed: OCT 31 1950

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Chas. L. Sutton

Licensed Embalmer No. 2965

P. O. Address. *Kokohu 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 this body is not embalmed, fact should be so stated above.