

FILED MAR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7673

State File No.

BIRTH MO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5145 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Davis</u>	
c. LENGTH OF STAY (In this place) <u>5 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles south Brackenkridge, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLYDE</u> b. (Middle) <u>MANTZEY</u> c. (Last) <u>JOHNSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-21-1951</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-24-1912</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Locker Plant</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Lev W. Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie M. Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Newell Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>722-16-9285</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lev W. Johnson-Dawn, Mo.</u> ADDRESS _____	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 1/2</u> <u>25</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crushed by automobile</u>		
	DUE TO (c) <u>Auto accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

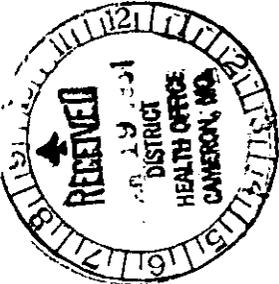
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>013</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>1 21 51 5:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident</u>

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) <u>Ch. Wilbur MD. Coroner Caldwell Co. Mo.</u>		23b. ADDRESS <u>Polo Mo.</u>		23c. DATE SIGNED <u>7-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan. 24, '51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monroe cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Ludlow, Missouri</u>		
DATE REC'D BY LOCAL BEP. <u>2-27-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones</u>	373	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gene R. Michael, Braymer, Mo.</u>		

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

130
3



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

Gene C. Michael

Signed

~~Student Embalmer~~

Licensed Embalmer No.

4340

P. O. Address

Bragner, 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.