

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20570**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **171** PRIMARY REG. DIST. NO. \_\_\_\_\_

540  
1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural Washington Twp.</b> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Odessa</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bennie</b> b. (Middle) <b>Walter</b> c. (Last) <b>Johnson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 11, 1951</b>	
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 13, 1894</b>	9. AGE (In years (by birthday) (Months) (Days) (Hours) (Mins.) <b>56</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Louis Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Hader</b>	14. NAME OF HUSBAND OR WIFE <b>Waneta Johnson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW I</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Waneta Johnson</b> ADDRESS <b>Odessa, Mo.</b>
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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  <b>E 976X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suicide by gun shot in head</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Mental depression due to ill health</b>		
DUE TO (c)		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 <b>No operation</b>	20. AUTOPSY? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> )
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>on his farm</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Odessa Lafayette Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>June 11-1951 6:42 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK? (While at work <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/> )	21f. HOW DID INJURY OCCUR? <b>Gunshot, head reflected</b>
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22. I hereby certify that I attended the deceased from **June 10, 1951** to **June 11, 1951**, that I last saw the deceased alive on **June 10, 1951**, and that death occurred at **6:42 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. W. Martin, M.D., coroner</b>	23b. ADDRESS <b>Odessa Mo</b>	23c. DATE SIGNED <b>June 12, 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 13, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odessa Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Odessa, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 12, 1951</b>	REGISTRAR'S SIGNATURE <b>Emma Davidson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Herman Sparks</b> ADDRESS <b>Odessa, Mo.</b>
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RECEIVED 6-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 6-19-51 .....

JUL 20 1951

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.

Student Embalmer No.....

Signed.....

*William T. Sparks*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4431

P. O. Address Odessa, 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.