

FILED NOV 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37917

State File No. _____
Registrar's No. 136

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5600

1510
3

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>	
c. LENGTH OF STAY (in this place) <u>10 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>700 North Holden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Simpson Township</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>William</u>	b. (Middle) <u>Minnis</u>	c. (Last) <u>Johnson</u>	(Month) <u>Nov.</u>	(Day) <u>22,</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Nov. 2, 1906</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Salvage</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salvage</u>	11. BIRTHPLACE (State or foreign country) <u>Tina, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>W. C. Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Rodella Minnis</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Harrison Egan, Shackelford MO</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harrison Egan, Shackelford MO</u>

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>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocuted</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>E9141</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>057</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Simpson Township, Johnson MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 22, 1951 1PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>While working on electrical Hiline</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 <u>Kelly Rawlins M.D. Coroner Johnson Co Holden Mo</u>	23b. ADDRESS <u>700 North Holden</u>	23c. DATE SIGNED <u>11/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 25, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coloma</u>
24d. LOCATION (City, town, or county) (State) <u>Tina, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>Nov. 23, 1951</u>	REGISTRAR'S SIGNATURE <u>Saranah Phillips</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney-Phillips</u>	ADDRESS <u>Warrensburg MO</u>
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JUL 21 1952

JUN 11 1953

RECEIVED
NOV 26 1951
JOHNSON COUNTY HEALTH DEPT

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 B. V. Phillips.

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.