

## STANDARD CERTIFICATE OF DEATH

35453

State File No. 155-347

Registrar's No. 156

DECEASED OCT 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 55489

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Crawford		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Asbury		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pittsburg		d. STREET ADDRESS (If rural, give location) Inn Hotel
3. NAME OF DECEASED (Type or Print) a. (First) JOYCE b. (Middle) c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) October 13, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH February 19, 1933	9. AGE (In years last birthday) 19	10. UNDER 1 YEAR Months 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress	10b. KIND OF BUSINESS OR INDUSTRY Waitress	11. BIRTHPLACE (State or foreign country) Clinton, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Eison		13b. MOTHER'S MAIDEN NAME Beulah Holt		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Thomas Stauffer		ADDRESS Clinton, Ia.	
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) Injury Multiple Extremes  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable fracture upper cervical spine and section of cord				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Spine and section of cord 149				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway # 57	21c. (CITY, TOWN, OR TOWNSHIP) Asbury	(COUNTY) Jasper	(STATE) Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Oct 13 '52 2:40 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident			
22. I hereby certify that I attended the deceased from <u>Clinton, Mo.</u> to <u>Asbury, Mo.</u> , 19 <u>52</u> , 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>W. W. Wheeler</u> (Degree or title) <u>Coroner Jasper County</u>			23b. ADDRESS <u>Jasper Nat'l Bank Bldg</u>		23c. DATE SIGNED <u>10/15/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE October 14, 1952	24c. NAME OF CEMETERY OR CREMATORY Clinton Memorial Park	24d. LOCATION (City, town, or county) (State) Clinton, Iowa		
DATE REC'D BY LOCAL REG. <u>Oct. 15-1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u>	ADDRESS <u>Webb City, Mo.</u>	

(Licensed Emballer's Statement on Reverse Side)

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

490  
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RECEIVED 10-20-52  
Jasper County Health Office

County File Number 52/10/806

Date Filed 10-20-52

FEB 20 1953  
OCT 30 1952

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.

Student .....  
Student Embalmer

Signed Leard J. Lewis Jr

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.