

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44377

FILED DEC 16 1952

BIRTH NO.		REG. DIST. NO. 371		PRIMARY REG. DIST. NO. 4541		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Webster				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Webster			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fordland		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fordland		1120	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) CLYDUS		b. (Middle) ROY		c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 29, 1952	
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH March 3, 1895		9. AGE (In years last birthday) 57	10 UNDER 1 YEAR Months	10 UNDER 1 HR. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school bus driver		10b. KIND OF BUSINESS OR INDUSTRY Transportation		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James O. Johnson			13b. MOTHER'S MAIDEN NAME Nancy C. Burks		14. NAME OF HUSBAND OR WIFE Ethel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edith Black Fordland, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) severe blow on cranium car being struck by locomotive on public crossing DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8104 27					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 112			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.) railroad crossing		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fordland Webster Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 29, 52 1:55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? car was struck by train w			
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 1:55 P. m., from the causes and on the date stated above.							
23a. SIGNATURE K. K. Kelley ³ Coroner				23b. ADDRESS Fordland, Missouri		23c. DATE SIGNED 12-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial 0		24b. DATE 12-3-52	24c. NAME OF CEMETERY OR CREMATORY Fordland Cemetery		24d. LOCATION (City, town, or county) (State) Fordland, Missouri		
DATE REC'D BY LOCAL REG. 12-15-52		REGISTRAR'S SIGNATURE Peter W. Good ¹³⁴²		25. FUNERAL DIRECTOR'S SIGNATURE W. K. Ferrell		ADDRESS Fordland, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

120
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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *K. K. Kelley*.....

Licensed Embalmer No. *3334*.....

P. O. Address *Fordland me.*.....

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.