

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5351

State File No.

FILED FEB 24 1953

BIRTH NO.		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>5427</u> Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT-INDEPENDENCE</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) <u>On Highway 84-East-4MI-E</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ARKANSAS</u> b. COUNTY <u>CLAY</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NIMMONS</u> d. STREET ADDRESS (If rural, give location) <u>8030</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johnson</u> b. (Middle) <u>CLIFFORD</u> c. (Last) <u>DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-15-1953</u>			
5. SEX <u>M-</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEB-27-1928</u>	9. AGE (In years last birthday) <u>25</u>	10. MONTHS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ark-Morrilton</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME <u>JESSA J. DAVIS</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE BRADLEY</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>431-58-2380</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. David Harmon-Rector, Ark</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic Collapse, Lower Lobe, Right Lung,</u> caused when car deceased was driving hit bridge railing on ditch #81 Highway 84 3 miles East of DUE TO (b) <u>Kennett Mo. Iron railing penetrated right chest wall.</u> DUE TO (c) <u></u> 2. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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.) <u>Ditch 81 Hi #84</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>035</u> (COUNTY) (STATE) <u>3 miles East Kennett Dunklin Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 15 1953 2:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>See above</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 <u>2:30A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Orinton Tarver</u> Coroner			23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>2/16/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2/11</u>	24c. NAME OF CEMETERY OR CREMATORY <u>53-Rector</u>	24d. LOCATION (City, town, or county) (State) <u>Rector Ark</u>		
DATE REC'D BY LOCAL REG. <u>2-19-1953</u>	REGISTRAR'S SIGNATURE <u>Earl H. Hubbs</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay Johnson</u> ADDRESS <u>Kennett, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

2-19-53

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-19-53

COUNTY FILE NUMBER 253 - 42

MAR 11 1953

MAR 6 1953

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.....

J. P. Johnson

Signed.....

Student Embalmer

Licensed Embalmer No. 2556

P. O. Address *Kennett, 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.