

STANDARD CERTIFICATE OF DEATH

State File No. **31607**

FILED OCT 13 1953

BIRTH NO.

REG. DIST. NO. **137**PRIMARY REG. DIST. NO. **3023**Registrar's No. **210**

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Windsor 0420	
d. FULL NAME OF HOSPITAL OR INSTITUTION East Green ST.		d. STREET ADDRESS (If rural, give location) 209 S. Windsor 0	
3. NAME OF DECEASED (Type or Print) LEE		a. (First) X	b. (Middle) Johns Jr.
c. (Last) Johns Jr.		4. DATE OF DEATH (Month) (Day) (Year) Oct 3 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Feb. 3 1932
9. AGE (In years last birthday) 21		10. MONTHS 8	11. DAYS 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Tulsa, Oklahoma		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Walter Lee Johns		13b. MOTHER'S MAIDEN NAME Elizabeth Holzer	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 440 28 4944	
17. INFORMANT'S SIGNATURE OR NAME Walter Lee Johns, R.I. Jefferson City, Mo		ADDRESS Jefferson City, 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) Internal injuries INTERVAL BETWEEN ONSET AND DEATH Instant ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT auto.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Clinton Mo	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton Henry MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 3 53 1953		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Auto accident - lost control of car.			
22. I hereby certify that I attended the deceased from 10 to 10-3 , 1953, that I last saw the deceased alive on 10-3 , 1953, and that death occurred at 12:45 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE R. J. Powell Do Coroner		23b. ADDRESS Clinton Mo	
23c. DATE SIGNED 10/3/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-6-53	
24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo	
DATE REC'D BY LOCAL REG. Oct-6-53		REGISTRAR'S SIGNATURE Florence Adams	
5. FUNERAL DIRECTOR'S SIGNATURE Huston Turner		ADDRESS Windsor, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 30 1953

OCT 22 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.