

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36432**

BIRTH REG. NO. **FILED NOV 2-1953** REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **338**

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 115 So Caldwell	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brookfield			

3. NAME OF DECEASED (Type or Print) a. (First) Cloy b. (Middle) Elmer c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) Oct. 26 1953		
5. SEX Mo	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 14 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR: Months 5 Days 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Browning Mo. 0	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Andrew Johnson		13b. MOTHER'S MAIDEN NAME Elizabeth		14. NAME OF HUSBAND OR WIFE Ira Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Andrew Johnson	

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) Accident - Struck by Car		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Compound fracture of left tibia & fibula		E8124 25	
		DUE TO (c) Fracture of Right Elbow			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Shock & Pulmonary Edema		6 hrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident on street	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, bank, office, etc., give address) Brookfield	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Linn Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 23 1953 4:20	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by motor car

22. I hereby certify that I attended the deceased from **Oct 23, 1953**, to **Oct 26, 1953**, that I last saw the deceased alive on **Oct 26, 1953**, and that death occurred at **9:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (De signer or title) Roy R. Hale MD	23b. ADDRESS Brookfield Mo	23c. DATE SIGNED 10/26/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 28 1953	24c. NAME OF CEMETERY OR CREMATORY Browning Cemetery	24d. LOCATION (City, town, or county) (State) Browning Mo
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DATE REC'D BY LOCAL REG. 10-29-53	REGISTRAR'S SIGNATURE Madine Standback	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Browder Brookfield Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 James B. McCalland

Licensed Embalmer No. 4230

P. O. Address Brookfield 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.