

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38927

State File No. ....

FILED NOV 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4236 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>IRON</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>IRON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>DES ARC</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>DES ARC</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) <u>JAMES</u> (Type or Print) b. (Middle) _____ c. (Last) <u>JOHNSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 16 1953</u>		5. SEX <u>MALE</u>	
6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>OCT 3, 1936</u>		9. AGE (In years last birthday) if UNDER 1 YEAR: Months <u>17</u> Days <u>1</u> Hours <u>13</u> if UNDER 12 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK LINE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCK LINE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>DES ARC MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CECIL R. JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>LIZZIE L. BROOKS</u>	
14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service)	
16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CECIL R. JOHNSON</u> ADDRESS <u>DES ARC, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severed Aorta</u>  ANTECEDENT CAUSES DUE TO (b) <u>Accidentally discharged</u> DUE TO (c) <u>shot Gun in right side of chest.</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chest.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9198-43</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>hunting</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Des Arc Iron Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>II -16 53 5Pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Accidentally discharged shot Gun</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>5:00 P.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Ironton, Mo.</u>	
23c. DATE SIGNED <u>11/20/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>Nov. 18, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DES ARC. CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>DES ARC Mo</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Piedmont, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-20-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

0470

NOV 30 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 \_\_\_\_\_

*Me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Marvin E. Bowles*

Licensed Embalmer No. *4426*

P. O. Address *Piedmont, 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.