

FILED DEC 6 1954

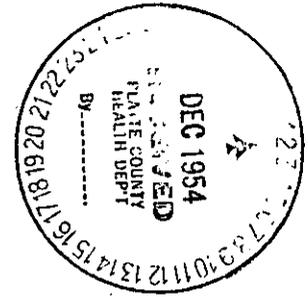
STANDARD CERTIFICATE OF DEATH

State File No. 464

2830

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

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>1440</u>		Registrar's No. <u>76</u>		
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: region & before institution) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>				
b. CITY (If details of corporate limits, write RURAL and give township) OR TOWN <u>Parkville (Rural)</u>		c. LENGTH OF STAY (in this place) <u>10 yr</u>		c. CITY OR TOWN <u>Parkville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				e. STREET ADDRESS (If rural, give location) <u>R7D. 2 Box 168</u>				
3. NAME OF DECEASED a. (First) <u>Raymond Eugene</u> b. (Middle) _____ c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27-54</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Never Married</u>		8. DATE OF BIRTH <u>Nov 27, 1944</u>		
9. AGE (In years last birthday) <u>10</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Parkville, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? _____			13. FATHER'S NAME <u>Dorsey Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Mae Gates</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____				
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>ACCIDENTAL GUNSHOT WOUND</u> ANTECEDENT CAUSES DUE TO (b) <u>hit in chest, directly</u> DUE TO (c) <u>over heart</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9199</u> <u>43</u>					INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ <u>Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____ <u>883</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>Approx. 11:30 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Roland M. Giffey, Coroner</u>				23b. ADDRESS <u>Platte City, Mo.</u>		23c. DATE SIGNED <u>11-27-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Nov 29-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Parkville Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 28-54</u>		REGISTRAR'S SIGNATURE <u>Opheia Raelin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lebud N. Francis</u>		ADDRESS <u>Parkville Mo.</u>		



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.....
Signature of Student Embalmer

Signed *Leland G. Francis*

Licensed Embalmer No. *343*

P. O. Address *Parkville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (To comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.