

FILED APR 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. **11376**

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

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>126</b>	
1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Holt-Summitt, Mo.</b>		0140 ✓	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Main St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Mary Delores Johnson</b>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>April 11, 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 30, 1931</b>		9. AGE (In years last birthday) <b>23</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>11</b>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Saleslady</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Woolworth Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wainwright, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Charles Wilson Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Luchille Hesse</b>		14. NAME OF HUSBAND OR WIFE <b>Chester Johnson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-28-9368</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Chester Johnson Holt summit, Mo.</b>			
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.		<p style="text-align: center;">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Extra cranial laceration</b></p> <p>ANTECEDENT CAUSES <b>fractured skull</b></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Auto</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>on highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Callaway Co. Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 11-1955 7:15 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>Auto accident - on way to work</b>			
22. I hereby certify that I attended the deceased from <b>April 11, 1955</b> , to <b>April 11, 1955</b> , that I last saw the deceased alive on <b>April 11, 1955</b> and that death occurred at <b>9:20 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Charles B. Dauler M.D.</b>				23b. ADDRESS <b>Jefferson City</b>		23c. DATE SIGNED <b>4-13-55</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <b>April 15, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hart Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cedar Springs</b>		
DATE REC'D BY LOCAL REG. <b>Apr 18-1955</b>		REGISTRAR'S SIGNATURE <b>R.P. Davis M.D.-M.R.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Victor Buscher Jefferson City</b>			

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APR 22 1956

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

*Uelot Buescher*

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.