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

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23308

State File No.

BIRTH NO. REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: RAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - CROOKED RIVER
c. LENGTH OF STAY (in this place): 30 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 MILE East Richmond, Mo. Hy. 10

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN: EXCELSIOR SPRINGS
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): MARION ST. 6007

3. NAME OF DECEASED (Type or Print): a. (First) BARBARA b. (Middle) JEAN c. (Last) JOHNSON

4. DATE OF DEATH (Month) JULY (Day) 9 (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR. 23, 1928
9. AGE (In years last birthday): 27 — If under 1 year: Months, Days — If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OFFICE CLERICAL
10b. KIND OF BUSINESS OR INDUSTRY: LAUNDRY
11. BIRTHPLACE (City and State or Foreign Country): EXCELSIOR SPRINGS, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: KENNETH CLEVENGER
13b. MOTHER'S MAIDEN NAME: EVELYN COOPER
14. NAME OF HUSBAND OR WIFE: LEMAR 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.: 494-30-5912
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Kenneth Clevenger — ADDRESS: RURAL ROUTE ~~EX. SPRINGS 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull - Broken neck
DUE TO (b) Car accident
DUE TO (c) Death Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway # 10
21c. (CITY, TOWN, OR TOWNSHIP) Crooked River Twp. (COUNTY) Ray (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-9-1955-1 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car accident

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Dr John F Baker, Coroner (Degree or title)
23b. ADDRESS: Richmond Mo.
23c. DATE SIGNED: 7-13-1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-9-55
24c. NAME OF CEMETERY OR CREMATORY: CROWN HILL
24d. LOCATION (City, town, or county) (State): EXCELSIOR SPRINGS, Mo.

DATE REC'D BY LOCAL REG.: July 14-1955
REGISTRAR'S SIGNATURE: Mabel Jackson
25. FUNERAL DIRECTOR'S SIGNATURE: Lindell Garner — ADDRESS: Excelsior Spg. Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1965

MAY 18 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lindell Jarman

Licensed Embalmer No. 458

P. O. Address Eex Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.