

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23314

BIRTH NO. _____		REG. DIST. NO. <u>299</u>		PRIMARY REG. DIST. NO. <u>6825</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Reynolds</u> b. CITY (If outside corporate limits, write RURAL and give town or Rural, Black River township) <u>near Black</u> c. LENGTH OF STAY (in this place) <u>#</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>1423 Clinton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GENE</u> b. (Middle) <u>RAY</u> c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) <u>Aug.</u> (Day) <u>1</u> (Year) <u>1955</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 27 1925</u>		9. AGE (in years, last birthday) <u>30</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>baggage dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Terminal R. R.</u>		11. BIRTHPLACE (State or foreign country) <u>Doniphan, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Finis Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Casteel</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Myrtle Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>WAZ</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Finis Johnson, Banner Missouri</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>accidental drowning</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9299</u> <u>42</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>090</u> (COUNTY) _____ (STATE) _____			
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? _____			
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 _____, 19____, from the causes set on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. R. Pyrtle, coroner</u>				23b. ADDRESS <u>Centerville, Mo.</u>		23c. DATE SIGNED <u>Aug 3-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Quaker, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 6 1955</u>		REGISTRAR'S SIGNATURE <u>R. M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton, Missouri</u>		ADDRESS _____	

(If needed Embalmer's Statement on Reverse Side)

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

Received 8-10-55
Reynolds County Health C
File No. 855 - 32

RECEIVED
AUG 10 1955

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 Arnell White

Licensed Embalmer No. 3012

P. O. Address Clinton Tenn

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.