

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26677

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 822

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin, Mo		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Webb City, Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION Miners Bank Bldg. Joplin Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. STREET ADDRESS 1523 W. Nelson St. 0492		(If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Paul	b. (Middle) Eugene	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year) Aug 1 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 14, 1922	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of Penny Elevator Sales Co.	10b. KIND OF BUSINESS OR INDUSTRY Webb City, Mo	11. BIRTHPLACE (City and State or Foreign Country) U.S.A	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Roy Johnson	13b. MOTHER'S MAIDEN NAME Lora Todd	14. NAME OF HUSBAND OR WIFE Elma Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W. 2	16. SOCIAL SECURITY NO. 499-14-6212	17. INFORMANT'S SIGNATURE OR NAME Elma Johnson	ADDRESS Webb City, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CRUSH INJURY CHEST AND ABDOMEN		INTERVAL BETWEEN ONSET AND DEATH LESS THAN 1 HOUR
	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. 9126		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 46	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT MINERS BANK BLDG	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) MINERS BANK BLDG	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JOPLIN JASPER MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-1-55 4:38 PM	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? CRUSHED BETWEEN ELEVATOR FLOOR AND PIT
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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 Wendell M. Carter	(Degree or title)	23b. ADDRESS Joplin Mo	23c. DATE SIGNED 8/3/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 7, 1955	24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery	24d. LOCATION (City, town, or county) (State) Carterville, Mo.
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DATE REC'D BY LOCAL REG. 8-8-55	REGISTRAR'S SIGNATURE W. D. Simpson	25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson	ADDRESS Webb City, Mo
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

County File Number **ADG 1-8-35**
Date Filed **ADG 1-5-1955**

SEP 26 1955

SEP 25 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,
Signature of Student Embalmer

Signed *Jack C. Simpson*
Licensed Embalmer No. *464*

P. O. Address *Webb 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.