

FILED JAN 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40262

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5456		Registrar's No. 1171	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wilson Twp.		c. LENGTH OF STAY (In this place) instant		c. CITY OR TOWN Reeds Spring		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION State Hiway 123				e. STREET ADDRESS (If rural, give location) Reeds Spring			
3. NAME OF DECEASED (Type or Print) a. (First) LONNIE b. (Middle) LEE c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) December 29, 1955				
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 17 May 1946		9. AGE (In years last birthday) 9	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Pupil		10b. KIND OF BUSINESS OR INDUSTRY School pupil		11. BIRTHPLACE (City and State or Foreign Country) Reeds Spring, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Alvis Johnson		13b. MOTHER'S MAIDEN NAME Rena Annabelle Miller		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alvis Johnson, Reeds Spring, Missouri.			
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) Severed Jugular Vein, Left 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.						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 (Specify) Suicide HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Hiway State 123		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wilson Twp., Greene, Missouri			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 28, 1955 9:45A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR One Vehicle 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 9:45A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS Springfield, Missouri		23c. DATE SIGNED 30/Dec/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 30 Dec. 1955	24c. NAME OF CEMETERY OR CREMATORY Scooner Cemetery		24d. LOCATION (City, town, or county) (State) Stone County, Missouri.		
DATE REC'D BY LOCAL REG. 12/30/55		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred C. Thame, Springfield, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

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: *Ralph H. Thiem*

Licensed Embalmer No... 3681
Springfield,
P. O. Address... Missouri...

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.