No. 300
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FILED MAR 13 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4077

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 6227 Registrar's No. 33

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

1. PLACE OF DEATH
a. COUNTY Cass Mo.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural ~~West~~ Peculiar
c. LENGTH OF STAY (in this place) 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Farm Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Cass
c. CITY OR TOWN Rural Peculiar
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS Rural (If rural, give location) 4 1/2 Miles South West Peculiar Mo.

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BENEDICT c. (Last) JOHNSON

4. DATE OF DEATH (Month) 3 (Day) 3 (Year) 56

5. SEX M
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 31-1909
9. AGE (In years last birthday) 46 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pipe fitter
10b. KIND OF BUSINESS OR INDUSTRY Pipe fitter
11. BIRTHPLACE (City and State or Foreign Country) Wichita Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William O Johnson
13b. MOTHER'S MAIDEN NAME Gertrude Benedict
14. NAME OF HUSBAND OR WIFE Ada Johnson Peculiar Mo

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. 49-7-14-1242
17. INFORMANT'S SIGNATURE OR NAME James Johnson 2607 W 75 Terr ADDRESS Kansas City 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) BRAIN TRAUMA — INTERVAL BETWEEN ONSET AND DEATH: SUDDEN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) SUICIDAL GUNSHOT WOUND
DUE TO (c)

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 976x
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Peculiar Twp. (COUNTY) Cass. (STATE) Mo
21d. TIME OF INJURY (Month) 3 (Day) 3 (Year) 56 (Hour) 9:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? SUICIDAL GUNSHOT WOUND.

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 9:30P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Gerard Jander (Coroner) 3
23b. ADDRESS Pleasant Hill, Mo
23c. DATE SIGNED 3/5/56

24a. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) Burial
24b. DATE March 6-1956
24c. NAME OF CEMETERY OR CREMATORY West Union Cem
24d. LOCATION (City, town, or county) (State) 5 M. West Peculiar Mo Cass Co.

DATE REC'D BY LOCAL REG. Mch 6, 1956
REGISTRAR'S SIGNATURE Dora Barnard 457-0
25. FUNERAL DIRECTOR'S SIGNATURE Geo. E. Myers Cleveland ADDRESS Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1956

MAR 21 1956

RECEIVED
MAR 12 1956
C... COUNTY
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. E. Myers

Licensed Embalmer No. 2 5 1 7

P. O. Address Cleveland

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