

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24271

State File No. ....

FILED AUG 14 1956

BIRTH NO. .... REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>Texas</u> c. COUNTY <u>Tarrant</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lebanon T. S.</u>		c. CITY OR TOWN <u>Ft. Worth</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Two Mi. East H. W. 66</u>		e. STREET ADDRESS (If rural, give location) <u>1333 Tex Blvd.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Henry</u>	b. (Middle) <u>Glenn</u>	c. (Last) <u>Johnson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 29 1916</u>	9. AGE (In years last birthday) <u>40</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cattle Dealer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Wetherford Texas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>W. W. Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Hagood</u>	14. NAME OF HUSBAND OR WIFE <u>Lola May Johnson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>  </u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R. W. Johnson Ft. Worth Texas</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured Skull, Internal Injuries</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.			

19a. TYPE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Truck Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>H. W. 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon T. S. Laclede Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 8 56 10A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Crushed under Truck</u>
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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 10.00A., from the causes and on the date stated above.

23a. SIGNATURE <u>S. R. Palmer Jr. (COMMON)</u>	23b. ADDRESS <u>Lebanon Mo</u>	23c. DATE SIGNED <u>8/8/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/10/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	24d. LOCATION (City, town, or county) (State) <u>Ft. Worth Texas</u>
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DATE REC'D BY LOCAL REG. <u>9-10-1956</u>	REGISTRAR'S SIGNATURE <u>Hella L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>S. R. Palmer Lebanon Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Case by file

424

AUG 20 1956

Received 8-13-56  
Laclede County Health Unit  
File No. 132  
Date Filed 8-13-56

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 Stanley R. Palmer

Licensed Embalmer No. 4810

P. O. Address Lebanon

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.