

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40814

STATE FILE NUMBER

FILED DEC 31 1956

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Salin</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Harrisberg 81208</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			Length of stay in 1b <u>2 Hrs</u>			d. STREET ADDRESS (If outside, give location) <u>Harrisberg, Ill</u>	
3. NAME OF DECEASED (Type or print) First <u>Frank</u> Middle <u></u> Last <u>Johnson</u>				4. DATE OF DEATH Month <u>Dec</u> Day <u>25</u> Year <u>1956</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>1898</u> <u>Jan 24 1888</u>		9. AGE (In years last birthday) <u>58</u> xx IF UNDER 1 YEAR Month <u>11</u> Days <u>1</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>		11. BIRTHPLACE (City and state or country) <u>Harrisberg Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>George Johnson</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Rievely</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes</u> <u>WW II</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>Grover Wise</u> Address <u>Harrisberg, Ill</u>			
18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture of the right temporal bone of the skull</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>8124</u>						INTERVAL BETWEEN ONSET AND DEATH <u>25</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Hit by an auto while crossing Highway # 3</u>					
20c. TIME OF INJURY Hour <u>5:30</u> Month <u>Dec</u> Day <u>25</u> Year <u>56</u> p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>on State Highway # 3</u>					
20e. CITY, TOWN, OR LOCATION <u>M. Clure</u>		COUNTY <u>Albion</u>		STATE <u>Ill</u>			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. G. Sigmond, Coroner</u>				22b. ADDRESS <u>Jackson, Mo.</u>		22c. DATE SIGNED <u>12/27/56</u>	
23a. BURIAL, REMOVAL, OR REINTERMENT (Specify) <u>Burial</u>		23b. DATE <u>Dec 28, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Eldorado Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Eldorado Ill.</u>	
24. GENERAL DIRECTOR'S ADDRESS <u>Brinkopf Howell Funeral Home</u>				25. DATE RECD. BY LOCAL REG. <u>12-27-1956</u>		26. REGISTRAR'S SIGNATURE <u>O. C. Summers</u>	

(Licensed Embalmer's Statement on Reverse Side)

Ith, siffare, llic vice

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Neil H. Grosshinder*

Licensed Embalmer No. *48*

P. O. Address *Cpa. ...*

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