

FILED JAN 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

42194

Registration District No. 206 Primary Registration District No. 57157 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Genevieve	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Michael TWP		c. CITY OR TOWN New Offenburg, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fredericktown		d. STREET ADDRESS (If outside, give location) R. #2	
Length of stay in lb 7		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Wallice Hurvel Johnson	4. DATE OF DEATH Dec. 20, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 18, 1935	9. AGE (In years last birthday) 21	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Army	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Douglas County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME James L. Johnson	14. MOTHER'S MAIDEN NAME Orpha Collins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes at death	16. SOCIAL SECURITY NO. 489-38-7223	17. INFORMANT James L. Johnson	Address New Offenburg, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory Collapse, extreme shock		INTERVAL BETWEEN ONSET AND DEATH a few minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) following trauma to head, chest, DUE TO (c) abdomen. Rupture of liver and		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) - dislocation of right shoulder		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.) Dislocation of right shoulder
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20c. TIME OF INJURY Hour - Month - Day - Year - a. m. - p. m. -	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) St. Genevieve County	20f. CITY, TOWN, OR LOCATION St. Genevieve	STATE Missouri
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21. Intended the deceased from Performed the Autopsy and last saw her/him alive on Death occurred at Fredericktown, Missouri on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Owen E. Stagnusch MD	22b. ADDRESS 100 North Euclid St. Louis 8 Mo	22c. DATE SIGNED 12/28/56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/23/56	23c. NAME OF CEMETERY OR CREMATORY Marcus Memorial Park	23d. LOCATION (City, town, or county) (State) Fredericktown, Missouri
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24. FUNERAL DIRECTOR Najim Funeral Home	ADDRESS Fredericktown, Missouri	25. DATE RECD. BY LOCAL REG. 1-2-1957	26. REGISTRAR'S SIGNATURE Therence G. Gacke
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(Licensed Embalmer's Statement on Reverse Side)

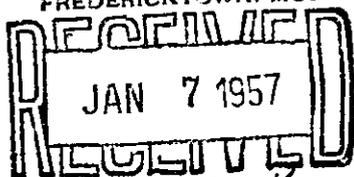
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

187-0

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 152-4

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, ~~XXXX~~....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lawrence O. Heeling*.....

Licensed Embalmer No. 497

P. O. Address Fredericktown

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.