

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8442

State File No.

FILED APR 15 1957

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 440

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>					
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>CLINTON</u>		c. LENGTH OF STAY (in this place) town(ship) <u>30 minute</u>		c. CITY OR TOWN <u>EDWARDS</u>		d. Is Residence within limits of a city or incorporated town? Yes <u>B</u> No <u>R</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hosp. 0</u>				e. STREET ADDRESS (If rural, give location) <u>2 miles West of Edwards</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>RONALD</u>			b. (Middle) <u>MILTON</u>		c. (Last) <u>JOHNS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 8 1957</u>		
5. SEX <u>0</u> <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Jan 7, 1943</u>		9. AGE (in years) last birthday Months Days Hours Min. <u>14</u> <u>3</u> <u>0</u> <u>0</u> <u>0</u>	
10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) <u>Student</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>High School Student</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Edwards Benton Co, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Jake Johns</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Cline</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jake Johns Edwards, Mo</u>				
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) <u>Severe Traumatic Shock</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile wreck</u> DUE TO (c) <u>Passenger in car</u>							
		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					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>			21c. CITY, TOWN, OR TOWNSHIP <u>Edwards</u>		21d. (COUNTY) <u>Benton</u>		21e. (STATE) <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 7 59 10⁰⁰</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>Capless and Wreckless driving</u>				
22. I hereby certify that I attended the deceased from <u>4-7-</u> , 1957, to <u>4-8-</u> , 1957, that I last saw the deceased alive on <u>4-8-</u> , 1957 and that death occurred at <u>12:30 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Curry Hall</u>				(Degree or title) <u>DO</u>		23b. ADDRESS <u>Warsaw Mo</u>		23c. DATE SIGNED <u>4/9/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 10, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Camp Ground</u>		24d. LOCATION (City, town, or county) (State) <u>Edwards Benton Co, Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-11-57</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John J. Reser Warsaw, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

52/0

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 *John F. Reser*

Licensed Embalmer No. *409*

P. O. Address *Warren*

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.