.S. No. 300
EV. 10.48

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

FILED JUL 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20269

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 168

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON
c. LENGTH OF STAY (In this place): 2 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALLAWAY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FULTON
d. STREET ADDRESS (If rural, give location): 404 N. W. 8th. STREET

0143

3. NAME OF DECEASED (Type or Print)
a. (First): BUCKNER
b. (Middle): H.
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): JUNE 30 1957

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 16, 1911
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): GENERAL LABORER
10b. KIND OF BUSINESS OR INDUSTRY: SAME
11. BIRTHPLACE (City and State or Foreign Country): CALLAWAY COUNTY
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: LEROY JOHNSON
13b. MOTHER'S MAIDEN NAME: EEULAH HOLLAND
14. NAME OF HUSBAND OR WIFE: MRS. DOROTHY JOHNSON

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.: 491-05-6161
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Dorothy Johnson, FULTON, 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): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fractured Skull with Subarachnoid Hematoma — 6/15/57
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:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 40
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Callaway County, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6/15/1957 10:15 A.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* 10/17, 1952 *to* 6/30, 1952, *that I last saw the deceased alive on* 6/30, 1957, *and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George F. Wood MD
23b. ADDRESS: Fulton Mo
23c. DATE SIGNED: 7/3/57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 3, 1957
24c. NAME OF CEMETERY OR CREMATORY: AUXVASSE CEMETERY
24d. LOCATION (City, town, or county) (State): AUXVASSE MISSOURI

DATE REC'D BY LOCAL REG.: July 6-1957
REGISTRAR'S SIGNATURE: Maretta Lawrence
25. FUNERAL DIRECTOR'S SIGNATURE: Harry T. Bell
ADDRESS: HARRY T. BELL FULTON, MISSOURI.

(Licensed Embalmer's Statement on Reverse Side)

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JUL 11 1957

JUL 30 1957

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 _____
Student Embalmer

Signed Harry T. Bell / Harry T. Bell

Licensed Embalmer No. ~~4867~~ 4867

P. O. Address Fulton, Missouri.

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 this body is not embalmed, fact should be so stated above.