

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41241**

BIRTH NO. _____		REG. DIST. NO. <b>245</b>		PRIMARY REG. DIST. NO. <b>3047</b>		Registrar's No. <b>149</b>			
1. PLACE OF DEATH a. COUNTY <b>Newton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Neosho, Missouri</b> )		c. LENGTH OF STAY (Specify place) <b>5 minutes</b>		c. CITY OR TOWN <b>Diamond</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sale Memorial Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Route # 1</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Deborah</b>		b. (Middle) <b>Ann</b>		c. (Last) <b>Johnson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 9, 1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>		8. DATE OF BIRTH <b>April 13, 1951</b>			
9. AGE (In years last birthday) <b>6</b>		IF UNDER 1 YEAR <b>6</b> Months		IF UNDER 1 YEAR <b>26</b> Days		IF UNDER 1 MIN. <b>26</b> Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Neosho, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Asbury Johnson</b>			13b. MOTHER'S MAIDEN NAME <b>Lorene Franklin</b>			14. NAME OF HUSBAND OR WIFE <b>Child</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		(If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lorene Johnson</b> ADDRESS <b>R#1 Diamond</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Skull Fracture</b>  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.				INTERVAL BETWEEN ONSET AND 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) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Route # 1 Diamond Newton Mo.</b>		21d. TIME OF INJURY <b>Nov. 9, 1957</b>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Father beat daughter with poker.</b>							
22. I hereby certify that I attended the deceased from _____, 19____, to <b>11-9</b> , 19 <b>57</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7 a</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Corley Thompson Jr. Jones</b> (Degree or title)				23b. ADDRESS <b>Neosho, Missouri</b>		23c. DATE SIGNED <b>11-18-57</b>			
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 13, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Saginaw Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Saginaw, Missouri</b>			
DATE, REC'D BY LOCAL REG. <b>Dec 2-57</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bowman M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Clark Funeral Home</b> ADDRESS <b>Neosho, Mo.</b>					

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

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RECEIVED  
NEWTON COUNTY HEALTH DEPARTMENT  
District Health Officer No. Newton  
District File Number 1257-279  
Date Filed DEC 6 1957

NEOSHO, MISSOURI

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 Fred L. Clark, Student Embalmer No. 556 working under my personal supervision.

Student Fred L. Clark  
Signature of Student Embalmer

Signed Carl A. Hamrell

Licensed Embalmer No. 3590

P. O. Address Appl. Mo

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.