

FILED DEC 9 - 1957

BIRTH NO. _____		REG. DIST. NO. <u>246</u>		PRIMARY REG. DIST. NO. <u>200R</u>		Registrar's No. <u>544</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R # 1 Diamond</u>		c. LENGTH OF STAY (in this place) <u>All Life</u>		c. CITY OR TOWN <u>R # 1 Diamond</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>R # 1 Diamond</u> <u>0730</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Asbury</u>		b. (Middle) _____		c. (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 10, 1926</u>	
9. AGE (In years last birthday) <u>31</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Long Bell Lumber Co</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Diamond R # 1</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		13a. FATHER'S NAME <u>Floyd Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Deceased</u>		14. NAME OF HUSBAND OR WIFE <u>Lorene Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes War # 2</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lorene Johnson</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self inflicted gun shot wound</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>22</u> 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<u>976 X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Route 1 Diamond Newton Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 9, 1957 7 a. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Self inflicted gun shot wound</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>11-9</u> , 19 <u>57</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lorene Johnson</u>				23b. ADDRESS <u>Neosho, Missouri</u>		23c. DATE SIGNED <u>11-18-57</u>	
24a. BURIAL CREMATATION (Specify) <u>Burial</u>		24b. DATE <u>Nov 13, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saginaw Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saginaw, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-26-57</u>		REGISTRAR'S SIGNATURE <u>Dove Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark Funeral Home Neosho, Mo.</u>			

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

527-0

RECEIVED

District Health Officer *Newton*

District File Num *1257-278*

Date Filed *DEC 3 1957*

MAR 11 1958

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 *Cecil G. Shanley*

Licensed Embalmer No. *3590*

P. O. Address *Joplin 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.