pt. Health,
, & Welfare
S. Public
lth Service

.S. 300
v. 1-56

3

Securing the medical certification in the specific manner required by 193.140 MoRS 1949.
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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1958

45324
STATE FILE NUMBER

Registration District No. 276 Primary Registration District No. 5946 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural - S-Meramec — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) AT-Home — Length of stay in 1b 10 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Phelps
c. CITY OR TOWN Rural 0810 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) ✓ — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Frank Middle N. Last Johnson
4. DATE OF DEATH Month Dec. Day 27, Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH Aug. 8, 1881
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 4 Days 19 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (City and state or country) Crawford Co. Mo
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Swen Johnson
14. MOTHER'S MAIDEN NAME Sissa Johnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No —
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Address Frank Johnson, Jr. - Kirkwood, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage & Destruction Brain Tissue — INTERVAL BETWEEN ONSET AND DEATH Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Gunshot wound right eye penetrating brain
DUE TO (c) Bullet from 22 Cal. rifle
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 9191 19
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Climbing through wire fence with loaded gun
20c. TIME OF INJURY Hour a. m. p. m. 11:15a Month, Day, Year 12-27-57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Farm
20f. CITY, TOWN, OR LOCATION Rt. 1 = St. James 081 COUNTY Phelps STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at Approx. 11:15 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. E. Null, Coroner 3
22b. ADDRESS 508 W 8th Rolla Mo
22c. DATE SIGNED 12/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-29-57
23c. NAME OF CEMETERY OR CREMATORY Adams Cem.
23d. LOCATION (City, town, or county) Phelps Co. (State) Mo

24. FUNERAL DIRECTOR Orol E. Lickliter — ADDRESS St James, Mo
25. DATE RECD. BY LOCAL REG. 1-2-58
26. REGISTRAR'S SIGNATURE Ruth B. Powell

479 0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
County File Number 930
Date Filed 1/8/58

JAN 10 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by Me, Student Embalmer No.

working under my personal supervision..

Student
Signature of Student Embalmer

Signed Orvel E. Lickliter

Licensed Embalmer No. 354

P. O. Address St James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.