

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2221

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5906 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Peach Orchard		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural Peach Orchard		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Res		Length of stay in lb 3 Wks.	d. STREET ADDRESS (If outside, give location) 180		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jacob Middle Richard Last Johnson			4. DATE OF DEATH Month January Day 19 Year 1958		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1915-12-20	9. AGE (In years last birthday) 42-0-29	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY ←	11. BIRTHPLACE (City and state or country) Marston, Mo		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Jacob Johnson		13b. MOTHER'S MAIDEN NAME Bertha Johnson		14. NAME OF HUSBAND OR WIFE Divorced	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 486-18-3314		17. INFORMANT Lucile Johnson Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun shot wound in head					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted gun shot wound in head			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 1-19-58 p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE 2 Mi. E. Peach Orchard, Pemiscot, Mo	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at Unknown _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James A. Johnson Coroner 3			22b. ADDRESS Wardell, Missouri		22c. DATE SIGNED 1-19-58
23a. BY BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-21-58	23c. NAME OF CEMETERY OR CREMATORY Malden Park Memorial		23d. LOCATION (City, town, or county) (State) North of Malden Mo	
24. FUNERAL DIRECTOR Thomas C. Knight ADDRESS Malden Mo		25. DATE RECD. BY LOCAL REG. 1-23-58		26. REGISTRAR'S SIGNATURE John W. German	

1-38-58

JAN 28 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Thomas C. Knight*

Licensed Embalmer No. *2189*

P. O. Address *Malden, 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.