

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019034

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 32

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY Miller-		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-FRANKLIN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Baumley-0660
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AURORA-SPRINGS-		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 3mi-N-E-Kaiser- Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First Middle Last Edward RAY Johnson			4. DATE OF DEATH Month Day Year May-23-1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-MARCH-1935
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier-		10b. KIND OF BUSINESS OR INDUSTRY US-ARMY	11. BIRTHPLACE (City and state or country) Jefferson-City-Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
13a. FATHER'S NAME RAY-Johnson		13b. MOTHER'S MAIDEN NAME Mildred-BROWN	14. NAME OF HUSBAND OR WIFE Mildred- Never-MARRIED
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES US-ARMY-1958		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mildred-Johnson Baumley-Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BROKEN-NECK DUE TO (b) CRUSHED-CHEST- 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Two-CARS-Hit-Head-on	
20c. TIME OF INJURY 9:50 p.m. MAY-23-58		20d. INJURY OCCURRED WHILE AT <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.) Highway-54-1.4mi		20f. CITY, TOWN, OR LOCATION So-of-ELDON-0660	
20g. COUNTY Miller-		20h. STATE Mo	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 9:50 P on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Herman V. Abbett, Sheriff		22b. ADDRESS Tuscumbia, Mo.	
22c. DATE SIGNED 5-24-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 28 MAY-58	23c. NAME OF CEMETERY OR CREMATORY BOLTZ
23d. LOCATION (City, town, or county) Miller-Co		23e. STATE Mo	
24. FUNERAL DIRECTOR Keith M. Fays		25. DATE RECD. BY LOCAL REG. MAY-26-1958	26. REGISTRAR'S SIGNATURE Edw. Veretta Waltz

(Licensed Embalmer's Statement on Reverse Side)

doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED

JUN 4 '58

Miller County  
Health Department

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 *Keith M. Kays* .....

Licensed Embalmer No. *3938* .....

P. O. Address *Eldon 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.