

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032461

STATE FILE NUMBER

63686-58
FILED SEP 22 1958

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 893

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|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | c. CITY OR TOWN Clinton 04220 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital | | d. STREET ADDRESS (If outside, give location) 930 N. Water St. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Raymond Wesley Johnson | | 4. DATE OF DEATH Month Day Year Sept. 19, 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 Sept. 5, 1958 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) Months Days Hours Min. 0 14 |
| 11. BIRTHPLACE (City and state or country) Clinton, Mo. Henry Co. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Henry W. Johnson | | 13b. MOTHER'S MAIDEN NAME Hennriet Brock | |
| 14. NAME OF HUSBAND OR WIFE Single | | 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. None | | 17. INFORMANT Henry W. Johnson, 990 N. Water St | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure DUE TO (b) Acute Bronchial Pneumonia DUE TO (c) 7630 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 24 hrs. |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 9-18-58 to 9-19-58 and last saw him alive on 9-19-58 Death occurred at 8:40 am on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Clinton L. Gloop, D.O. | | 22b. ADDRESS 105 E. Ohio | |
| 22c. DATE SIGNED 9/19/58 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE Sept. 20, 1958 | | 23c. NAME OF CEMETERY OR CREMATORY Englewood Cemetery | |
| 23d. LOCATION (City, town, or county) Clinton, Missouri | | 23e. (State) | |
| 24. FUNERAL DIRECTOR H.A. Wansport, Clinton Mo | | 25. DATE RECD. BY LOCAL REG. 9-19-58 | |
| 26. REGISTRAR'S SIGNATURE Mildred Bigum | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *H. J. Vansant*

Licensed Embalmer No. *3779*
P. O. Address *Clinton*

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.