

Dr. Hardesty

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033506

STATE FILE NUMBER

FILED OCT 1 1958

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 312

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 203 S. Main St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ross Middle D. Last Johnson			4. DATE OF DEATH Month September Day 24 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/13/1886		9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Operator		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Pittsfield, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles Johnson		13b. MOTHER'S MAIDEN NAME Belle Chatman	
14. NAME OF HUSBAND OR WIFE Sophia Johnson		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.	
17. INFORMANT Mrs. Sophia Johnson, 203 S. Main		Address Hannibal, 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) Brain injury auto accident? Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 8/64 DUE TO (c) 26	
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.) Head-on collision on highway	
20c. TIME OF INJURY Hour 11 a.m. Month, Day, Year 9-23-58		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.) Highway 36	
20f. CITY, TOWN, OR LOCATION Highway 36		20g. COUNTY Winn. River		20h. STATE Missouri	
21. I attended the deceased from Death occurred at 2:45 P.M.		21. I attended the deceased from 9-23-58 to 9-24-58 and last saw her alive on 9-24-58		21. I attended the deceased from 9-24-58 and last saw him alive on 9-24-58	
22a. SIGNATURE Dr. H. M. O'Donnell		(Degree or title)		22b. ADDRESS 100 W 6th St Hannibal Mo	
22c. DATE SIGNED 9-26-58		23a. NAME OF CEMETERY OR CREMATORY West Cemetery		23d. LOCATION (City, town, or county) (State) Pittsfield, Illinois	
24. FUNERAL DIRECTOR H. M. O'Donnell, Hannibal, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 9-26-58	
26. REGISTRAR'S SIGNATURE Dr. M. Lucke By W. Fisher					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

RECEIVED SEP 30 1958

MARION CO. HEALTH DEPT.

DATE FILED SEP 30 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *H. M. A. Merrill*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.