Health, & Welfare Public Service

S. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035705
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 517

1. PLACE OF DEATH a. COUNTY Cape Girardeau	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Marquand — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis — Length of stay in 1b 1 day	d. STREET ADDRESS (If outside, give location) 0620 Rural — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Pink	Middle: Franklin	Last: Johnson	4. DATE OF DEATH Month Day Year: 10-29-58
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: 8-5-1906	9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. 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: Farming	11. BIRTHPLACE (City and state or country): Alliance Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME: Vestor Johnson	13b. MOTHER'S MAIDEN NAME: Birdie Granthan	14. NAME OF HUSBAND OR WIFE: Mary 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.: no	17. INFORMANT Address: Mary Johnson, Marquand 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) Concussion & Laceration Brain, Severe — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Truck Accident.

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 ☐ NO ☒ 0

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Truck overturned

20c. TIME OF INJURY Hour a.m. 5 p.m. Month, Day, Year

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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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-28-58, to 10-29-58 and last saw ~~her~~ him alive on 10-29-58
Death occurred at 5:20 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Hall M.D. 0	22b. ADDRESS: Cape Girardeau, Mo	22c. DATE SIGNED: 10-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10-31-58	23c. NAME OF CEMETERY OR CREMATORY: Yount Mo. Cemetery	23d. LOCATION (City, town, or county) (State): Yount Missouri
24. FUNERAL DIRECTOR: Homan Funeral Home	ADDRESS: Marquand Mo.	25. DATE RECD. BY LOCAL REG.: Nov. 4, 1958	26. REGISTRAR'S SIGNATURE: Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 Neil H. Grasshieder

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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.