

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018529

STATE FILE NUMBER

FILED MAY 20 1959

Registration District No. 246-5835 Primary Registration District No. 2001

Registrar's No. 246

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Shoal Creek Twn</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY <b>Joplin</b> OR TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Joplin RFD #4</b>		Length of stay in lb <b>65 Years</b>	d. STREET ADDRESS (If outside, give location) <b>RFD #4, Joplin, Mo</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Horace Austin Johnson</b>			4. DATE OF DEATH Month Day Year <b>May 11 1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 15 1863</b>
9. AGE (In years last birthday) <b>95</b>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Blacksmith</b>	11. BIRTHPLACE (City and state or country) <b>De Kalb Ill.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Andrew Johnson</b>	
13b. MOTHER'S MAIDEN NAME <b>Nellie Austin</b>		14. NAME OF HUSBAND OR WIFE <b>Nora (Deceased)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Mrs. Nellis Hosp</b>	
17. INFORMANT <b>Joplin, Mo.</b>		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) <b>Fractured Neck Fracture (Right)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Far advanced Arterio Sclerosis</b>			<b>9030</b>
DUE TO (c) <b>20</b>			<b>20</b>
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.) <b>A fall in yard outside house.</b>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>4-18-59 - Time unknown</b>	20d. INJURY OCCURRED WHILE AT WORK <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 <b>J13</b> COUNTY STATE		
21. I attended the deceased from <b>4/20/59</b> to <b>5/11/59</b> and last saw him alive on <b>5-8-59</b>		Death occurred at <b>6:45 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>[Signature]</b>	22b. ADDRESS <b>2125 Jackson, Joplin, Mo.</b>	22c. DATE SIGNED <b>5/12/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>May 13, 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Baxter Springs Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Baxter Springs Kansas</b>
24. FUNERAL DIRECTOR <b>Hurlbut-Glover Joplin, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-12-1959</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 8 1959

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 *Dale George* .....  
4583  
Licensed Embalmer No. ....

P. O. Address ..... *Joplin*

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.