RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-020519

FILED JUL 13 1959

Registration District No. 042 Primary Registration District No. ~~1000~~ Registrar's No. 702

STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Missouri River
Length of stay in 1b Lifetime
c. FULL NAME OF HOSPITAL OR INSTITUTION 1½ Miles Downstream from Boat landing Lake Contrary on the Mo. River.
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 905 Prospect Ave
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Robert Middle Emerson Last Johnson

4. DATE OF DEATH Month July Day 5, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Apr. 28, 1936
9. AGE (last birthday) 23
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee Hatfield Hardware and Sporting goods Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St. Joseph, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Emerson W. Johnson
13b. MOTHER'S MAIDEN NAME Lucille E. Gifford
14. NAME OF HUSBAND OR WIFE Evelyn Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Lucille E. Johnson Address St. Joseph 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) Accidental drowning
INTERVAL BETWEEN ONSET AND DEATH about 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Due to exaustion
DUE TO (c) While swimming to rescue girl.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Mr Johnson had rescued 2 ladies from Mo river when he began exausted and disappeared under water
20c. TIME OF INJURY Hour a.m. p.m. 430 Month, Day, Year July 5 59
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.) In Mo River
20f. CITY, TOWN, OR LOCATION COUNTY STATE Buchanan Co Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on July 8 59
Death occurred at 430 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S E Meluney MD Coroner
22b. ADDRESS St. Joseph, Mo.
22c. DATE SIGNED July 9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 10, 1959
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery
23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.

24. FUNERAL DIRECTOR Meierhoffer Fleeman, Inc. by [illegible] ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. July 10, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF S.E. Meluney M.D.

JUL 23 1959

SEP 9 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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Albert R. Lovington

Signature of Student Embalmer

Licensed Embalmer No. B 7 5 0

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.