Dept. Health, Duc., & Welfare U. S. Public Health Service

V. S. 300
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-033128
STATE FILE NUMBER

X FILED VS SEP 28 1959

Registration District No. 231 Primary Registration District No. 5809 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Danville Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3 — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Montgom
c. CITY OR TOWN: New Florence, Mo — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 0708 0 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Darrell Middle: Leon Last: Johnson

4. DATE OF DEATH: Month 9 Day 11 Year 1959

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Oct-6-1939

9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months 11 Days 6 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): New Florence, Mo

12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Raymond Johnson

13b. MOTHER'S MAIDEN NAME: Geneva Wright

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 488-42-7813

17. INFORMANT Address: Raymond Joinson New Florence, 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): Brain Concussion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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

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.): Automobile Accident

20c. TIME OF INJURY: Hour 10.25 a.m. p.m. Month, Day, Year 9-11-59

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.): Highway-19

20f. CITY, TOWN, OR LOCATION COUNTY STATE: 2½ mi South New Florence Montg, Mo

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

22a. SIGNATURE (Degree or title): F. T. Bell Coroner

22b. ADDRESS: Jonesburg MO

22c. DATE SIGNED: 9-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-14-1959

23c. NAME OF CEMETERY OR CREMATORY: New Florence Cemetery

23d. LOCATION (City, town, or county) (State): New Florence, Mo

24. FUNERAL DIRECTOR ADDRESS: Baker Funeral Home New Florence, Mo

25. DATE RECD. BY LOCAL REG.: 9-14-59

26. REGISTRAR'S SIGNATURE: Laura B Calloway

(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.

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

SEP 9 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 D. B. Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, 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.