

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-035725

FILED VS OCT 26 1959

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 225

RECEIVED

1. PLACE OF DEATH a. COUNTY FRANKLIN b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS HOSP. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY FRANKLIN c. CITY OR TOWN UNION Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ROSE Middle Last JOHNSON			4. DATE OF DEATH Month OCT. Day 17 Year 1959				
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH OCT. 16, 1959	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY NONE		
11. BIRTHPLACE (City and state or country) WASHINGTON, MO. USA		12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME MILFORD JOHNSON			
13b. MOTHER'S MAIDEN NAME ROSE STRADFORD		14. NAME OF HUSBAND OR WIFE X		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. NONE		17. INFORMANT MILFORD JOHNSON		Address UNION, 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) Pneumonia (2 mos) DUE TO (b) Post mortem C. Section Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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		COUNTY	STATE		
21. I attended the deceased from <u>16th Oct 59</u> to <u>17 Oct 59</u> and last saw her <u>live on 17 Oct 59</u> Death occurred at <u>7:00 p</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Wm. F. Schickel</i> (Degree or title) MD.			22b. ADDRESS Union, Mo.		22c. DATE SIGNED 18 Oct 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY IMMACULATE CONCEPTION		23d. LOCATION (City, town, or county) (State) UNION MO.			
24. FUNERAL DIRECTOR OLTMANN FUNERAL HOME		ADDRESS UNION, MO.		25. DATE RECD. BY LOCAL REG. 10/20/59	26. REGISTRAR'S SIGNATURE <i>F. L. Schickel</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Low P. [unclear]
[unclear]

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 *Not Embalmed*
Ralph Ottmann
Licensed Embalmer No. *4808*

P. O. Address *Union, N.J.*

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.