

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 30 1959

59-039787

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 294

UNRECORDED

| | | | | | | | |
|--|--|---|--|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Henry | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Henry | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton | | Length of stay in 1b 3 1/2 years | | c. CITY OR TOWN Clinton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 130 1/2 West Jefferson | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 130 1/2 W. Jefferson | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MARIA Middle JOHANNA Last JOHNSON | | | | 4. DATE OF DEATH Month Oct Day 24 Year 1959 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 3/20/1910 | 9. AGE (last birthday) 49 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Worker | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and state or country) Kansas City, Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Peter Adt | | | 13b. MOTHER'S MAIDEN NAME Maria Rohr | | 14. NAME OF HUSBAND OR WIFE James A. Johnson | | |
| 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. 496-16-6687 | | 17. INFORMANT Address J.A. Johnson, Clinton, Missouri | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Center Depression DUE TO (b) Alcohol & barbiturate Intoxication DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Fallen head in apartment by husband @ approx 12:00 am | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. 12:00 a.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 Clinton, Missouri | | |
| 21. I attended the deceased from No medical attendants - coroner's office to accidental death and last saw him alive on unrecorded . Death occurred at Approx 12:00 am Nov 24 59 on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) W. Bradsher, M.D. Coroner | | | | 22b. ADDRESS Clinton, Mo. | | | 22c. DATE SIGNED 11/24/59 (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 10/27/59 | 23c. NAME OF CEMETERY OR CREMATORY Englewood | | 23d. LOCATION (City, town, or county) Clinton, Missouri | | |
| 24. FUNERAL DIRECTOR CONSALUS Clinton, Mo. | | | | 25. DATE RECD. BY LOCAL REG. Nov. 27, 1959 | | 26. REGISTRAR'S SIGNATURE Mildred Bigum | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS-DEC 7 1961

JUN 27 1961

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 Eugene R. Conover

Licensed Embalmer No. 4680

P. O. Address Clinton, W

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.