

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041086

FILED VS NOV 23 1959 245

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3047 Registrar's No. 118

ENDED

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Length of stay in lb 9 years		c. CITY OR TOWN Neosho		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Sale Memorial			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 414 Maple St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Leon Middle Johnson Last Johnson				4. DATE OF DEATH Month November Day 14 Year 1959									
5. SEX Male		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 8-10-96		9. AGE (last birthday) 63		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Contractor				10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Salen, Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME John Johnson				13b. MOTHER'S MAIDEN NAME Jerima Payne				14. NAME OF HUSBAND OR WIFE Francis Johnson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Francis Johnson Neosho, 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) CORONARY OCCLUSION										INTERVAL BETWEEN ONSET AND DEATH INSTANT			
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)								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 1958 to 14 NOV 1959 and last saw ^{her} him alive on 1 NOV 1959 Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE R. J. [Signature] (Degree or title) M.D.						22b. ADDRESS Neosho Mo			22c. DATE SIGNED 16 Nov 59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 17, 1959		23c. NAME OF CEMETERY OR CREMATORY Pickens Cemetery		23d. LOCATION (City, town, or county) (State) Green Forrest, Arkansas							
24. FUNERAL DIRECTOR Clark Funeral Home Neosho, Mo.				25. DATE RECD. BY LOCAL REG. Nov. 16, 1959		26. REGISTRAR'S SIGNATURE Melvin C. Bowman, MD Per R.N.							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 3 1959

STATEMENT BY LICENSED EMBALMER

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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 Fred L. Clark

Licensed Embalmer No. 5056

P. O. Address 312 So. Wo
Neosho, 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.