URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 9 1959

Registration District No. 267 Primary Registration District No. ~~267~~ 3049 Registrar's No. ~~3049~~ 156

59-041163
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti [illegible]
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) DOA Memorial Hosp.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscot
c. CITY OR TOWN Caruthersville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 208 W. 11th, St.
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Cecil Middle Last Johnson
4. DATE OF DEATH Month Day Year Nov. 26, 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3-21-1938
9. AGE (last birthday) 21
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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY x
11. BIRTHPLACE (City and state or country) Lawrence Co., Ala.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Eugene Johnson
13b. MOTHER'S MAIDEN NAME Christine Roberts
14. NAME OF HUSBAND OR WIFE Melba Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) x
16. SOCIAL SECURITY NO. x
17. INFORMANT Melba Johnson Address Caruthersville, 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) Fractured Skull
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Automobile-Train wreck
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. ☐ 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.) Automobile and train collision

20c. TIME OF INJURY Hour a.m. p.m. 1:45 P.M. Month, Day, Year 11-26-59

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.) Public State Rd.
20f. CITY, TOWN, OR LOCATION Near Caruthersville COUNTY Pemiscot STATE 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 James G. Osburn, (Degree or title) Coroner
22b. ADDRESS Hayti, Mo.
22c. DATE SIGNED 11-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-28-59
23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
23d. LOCATION (City, town, or county) (State) Steele, Mo.

24. FUNERAL DIRECTOR ADDRESS Osburn Funeral Home, Hayti, Mo.
25. DATE RECD. BY LOCAL REG. 11-27-59
26. REGISTRAR'S SIGNATURE LaHanda Adams

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____
Signature of Student Embalmer

Signed James G. Osburn

Licensed Embalmer No. 4185

P. O. Address Hayti, Mo

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.