

FEDERAL BUREAU OF INVESTIGATION
 FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041329

FILED VS NOV 17 1959

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>		Length of stay in 1b --	c. CITY OR TOWN <u>Rural - Lincoln Tmp/</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION <u>Monroe Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Unionville</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Vickie</u> Middle <u>Marlene</u> Last <u>Johnson</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>7</u> Year <u>59</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 22, 50</u>	9. AGE (last birthday) <u>9</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>15</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Unionville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>Earl Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Imogene Linder</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>Earl Johnson-Unionville, Mo.</u> Address	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH: <u>15 minutes</u>
IMMEDIATE CAUSE (a) <u>Fracture of skull (frontal lobe) & fracture of 2nd cervical vertebrae</u>		
DUE TO (b) <u>Signure from car wreck</u>		
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 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.) <u>From car collision on U.S. 136 8 miles W Unionville Mo</u>	
20c. TIME OF INJURY Hour <u>10:30</u> p.m. Month, Day, Year <u>11-7-59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Putnam Co Mo</u>	
20e. CITY, TOWN, OR LOCATION <u>Unionville Mo</u>		COUNTY <u>Putnam</u>	STATE <u>Mo</u>
21. I attended the deceased from <u>11-7-59</u> to <u>11-7-59</u> and last saw her alive on <u>11-7-59</u> Death occurred at <u>10:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas L Judd Do</u>		22b. ADDRESS <u>Unionville Mo</u>	22c. DATE SIGNED <u>11-8-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>Nov. 11 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thompson Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Unionville, Mo.</u>
24. FUNERAL DIRECTOR <u>F.O. Husted & Son Unionville, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-13-59</u>	26. REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>

ENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



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 Marl E. Sustee

Licensed Embalmer No. 230

P. O. Address Unknow

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.