

# FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE

## FRI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 9 3 0

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5902 Registrar's No. 170

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pemiscot</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti Township</u> Length of stay in 1b <u>6 Yrs.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> c. CITY OR TOWN <u>Hayti</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Route 1</u> Residence on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
<b>3. NAME OF DECEASED</b> (Type or print) First <u>Vida</u> Middle <u>Johnson</u> Last <u>Johnson</u>		<b>4. DATE OF DEATH</b> Month <u>12</u> Day <u>18</u> Year <u>59</u>				
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>7-15-1919</u>	<b>9. AGE</b> (last birthday) <u>40</u>	<b>IF UNDER 1 YEAR</b> Months <u>  </u> Days <u>  </u>	<b>IF UNDER 24 HR</b> Hours <u>  </u> Min. <u>  </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House work</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>X</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Grenada Miss.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U. S. A.</u>
<b>13a. FATHER'S NAME</b> <u>Calvin Chamberlain</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Dora James</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Boyd Johnson</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>X</u>		<b>17. INFORMANT</b> <u>Boyd Johnson, Rt. 1 Hayti, Mo.</u> Address <u>  </u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>  </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>  </u>						INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>
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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour <u>  </u> a.m. <u>  </u> p.m. Month, Day, Year <u>  </u>		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>				
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>
<b>21. I attended the deceased from</b> <u>12-14-59</u> to <u>12-18-59</u> and last saw her/him alive on <u>12-16-59</u> Death occurred at <u>12-18-59 1:20</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> <u>Osborne</u> (Degree or title)			<b>22b. ADDRESS</b> <u>Hayti, Mo.</u>		<b>22c. DATE SIGNED</b> <u>12-17-59</u> (State)	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>23b. DATE</b> <u>12-21-59</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Concord Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) <u>Route 1, Hayti, Mo.</u> (State)
<b>24. FUNERAL DIRECTOR</b> <u>Osburn Funeral Home, Hayti, Mo.</u> ADDRESS			<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-20-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Sp. Standa Adams</u>	

(Licensed Embalmer's Statement on Reverse Side)

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  
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, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.