

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

-60-000465

IC-1742645-Reg. #AL903  
 Registration District No. 43

Primary Registration District No. 3007 Registrar's No. 22

STATE FILE NUMBER

FILED

VS FEB 8 1960

1. PLACE OF DEATH a. COUNTY <b>Butler</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Lawrence</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Length of stay in lb <b>5 days</b>		c. CITY OR TOWN <b>Imboden</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>				d. STREET ADDRESS (If outside, give location) <b>P. O. Box #31</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CHARLEY</b> Middle <b>CROCKET</b> Last <b>JOHNSON</b>			4. DATE OF DEATH Month <b>January</b> Day <b>5</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-23-92</b>	9. AGE (last birthday) <b>67</b>	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) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Birdell, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Life Johnson</b>			13b. MOTHER'S MAIDEN NAME <b>Susie Hardin</b>		14. NAME OF HUSBAND OR WIFE <b>Betty Johnson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>Betty Johnson, P.O. Box #31, Imboden, Ark.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Thrombosis, mesenteric, extensive, atherosclerosis superior mesenteric and splenic arteries</b> DUE TO (b) <b>due to</b> DUE TO (c) <b>Interval between onset and death: 12 hrs</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Congestive heart failure with cardiac hypertrophy and adhesive pericarditis</b>					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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.		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 <b>VA</b>		20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>Dec 31, 1959</b> to <b>Jan 5, 1960</b> Death occurred at <b>9:45 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Ernest M. Tapp, M.D., Director Prof. Svcs. Veterans Adm. Hospital, Poplar</b>				22b. ADDRESS <b>Bluff, Mo.</b>		22c. DATE SIGNED <b>1/5/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-10-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Birdell Cemetery</b>		23d. LOCATION (City, town, or county) <b>Imboden, Ark.</b>	
24. FUNERAL DIRECTOR <b>Higginbotham's Walnut Ridge, Ark</b>				25. DATE RECD. BY LOCAL REG. <b>1/12/60</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*[Signature]* (Licensed Embalmer's Statement on Reverse Side)

VS APR 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed RC [Signature]

Licensed Embalmer No. 772

P. O. Address W. [Signature]

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.

FEB 19 1960