

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-002331

FILED VS JAN 12 1960

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 1

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clay Twms.</u>		Length of stay in lb	c. CITY OR TOWN <u>Odessa</u>
c. FULL NAME OF (If NOT in hospital give previous HOSPITAL OR INSTITUTION) <u>on 40 Hwy 3 Mi. West of Odessa</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Odessa</u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Lonnie</u> Middle <u>J.</u> Last <u>Johnson</u>	4. DATE OF DEATH Month <u>January</u> Day <u>2</u> Year <u>1960</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 19, 1897</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>62</u> Days <u></u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Groceryman</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Ray Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <u>George L. Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Anna L. Leyda</u>	14. NAME OF HUSBAND OR WIFE <u>Argie Johnson</u>
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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>497-36-6987</u>	17. INFORMANT Address <u>Gordon Johnson, Liberty, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Found dead beside car on</u>	
	DUE TO (c) <u>Highway. No evidence of violence</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Had a previous episode of Coronary occlusion</u>	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
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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.) <u>No injury</u>
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>

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
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21. I attended the deceased from many years to present and last saw him alive on recently.
Death occurred at 7:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. Martin MD</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Odessa Mo</u>	22c. DATE SIGNED <u>1-4-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-5-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>	23d. LOCATION (City, town, or county) <u>Odessa, Mo.</u> (State)
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24. FUNERAL DIRECTOR <u>Husman-Sparks,</u> ADDRESS <u>Odessa, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1/5-1960</u>	26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0861
FEB 9
MAR 6 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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William T. Sparks

Licensed Embalmer No. 4431

P. O. Address Odessa,

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.