

FEDERAL BUREAU OF INVESTIGATION - U.S. DEPARTMENT OF JUSTICE
DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011766

FILED VS APR 12 1960

Registration District No. 206 Primary Registration District No. 5749 Registrar's No. 177

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polk Township</u>		c. CITY OR TOWN <u>Fredericktown</u>	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy. 72</u>		d. STREET ADDRESS (If outside, give location) <u>310 Anthony</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>E.</u> Last <u>Johnson</u>	4. DATE OF DEATH Month <u>April</u> Day <u>3</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>7/26/85</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u> </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>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Madison County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Joseph Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Jacob</u>	14. NAME OF HUSBAND OR WIFE <u>Phronia 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>188-20-3962</u>	17. INFORMANT <u>Mrs. Phronia Johnson, Fredericktown, 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>probable internal injuries sustained</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>investigated by coroner</u>	
	DUE TO (c) <u>Ray Wilson</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
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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>Car rolled back period to tree</u>
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20c. TIME OF INJURY Hour <u>2:30</u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u>4-3-60</u>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>son's home</u>	20f. CITY, TOWN, OR LOCATION <u>Marquand</u> COUNTY <u>Madison</u> STATE <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
 Death occurred at 2:15 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Ray Wilson Coroner Madison Co. Fredericktown Mo.</u> (Degree or title)	22b. ADDRESS <u>Fredericktown Mo.</u>	22c. DATE SIGNED <u>4/5/60</u>
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23a. BURIAL (Specify) <u>Burial</u>	23b. DATE <u>4/6/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Christian Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>
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24. FUNERAL DIRECTOR <u>Najim Funeral Home</u> ADDRESS <u>Fredericktown, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-5-1960</u>	26. REGISTRAR'S SIGNATURE <u>Florence Hicks</u>
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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 Charles J. Gentry

Licensed Embalmer No. 4852

P. O. Address Fredericktown

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.