MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 23 1960

60-011922
STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 28

ENDED

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Neosho Twsp.
Length of stay in 1b: All Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home Route # 1
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN: Neosho
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Route # 1
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Grace Middle: Virginia Last: Johnson
4. DATE OF DEATH: Month: March Day: 7 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-21-1959
9. AGE (last birthday): IF UNDER 1 YEAR: Months 6 Days 16 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (City and state or country): Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Spencer Johnson
13b. MOTHER'S MAIDEN NAME: Virginia Belsey
14. NAME OF HUSBAND OR WIFE: Child
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Spencer Johnson Address: Neosho, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Suffocation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) was found dead about 7:10 A.M. had become entangled in covers and smothered.
20c. TIME OF INJURY Hour a.m. Month, Day, Year: 7:10 ###3/7/60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In Home
20f. CITY, TOWN, OR LOCATION: Near Neosho, COUNTY: Newton Co. STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 7:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Carey Thompson (Degree or title): Coroner
22b. ADDRESS: Neosho Missori
22c. DATE SIGNED: 3/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-9-1960
23c. NAME OF CEMETERY OR CREMATORY: Spring Valley Cem
23d. LOCATION (City, town, or county) (State): Near Tipton Ford Mo

24. FUNERAL DIRECTOR: Clark Funeral Home ADDRESS: Neosho, Mo
25. DATE RECD. BY LOCAL REG.: 3-9-60
26. REGISTRAR'S SIGNATURE: Melvin C. Bowman MD per R.H.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Fred L. Clark

Signature of Student Embalmer

Licensed Embalmer No. 5056

P. O. Address 312 So. Wood
Neosho, Mo.

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