

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

P 2 1960

-60-031391

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 50

ENDED

1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miss.				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Charleston		Length of stay in 1b 13 yrs.		c. CITY OR TOWN Charleston		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 600 W. Cypress			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 203 S. Elm St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Richard Middle Johnson, Jr. Last Johnson, Jr.				4. DATE OF DEATH Month August Day 17 Year 1960				
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 13, 1946	9. AGE (last birthday) 13	IF UNDER 1 YEAR Months 13 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common labor			10b. KIND OF BUSINESS OR INDUSTRY Wilson, Ark.		11. BIRTHPLACE (City and state or country) Wilson, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Richard Johnson			13b. MOTHER'S MAIDEN NAME Beatrice Nelson			14. NAME OF HUSBAND OR WIFE Mo.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Beatrice Johnson, 203 S. Elm, Charleston			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest & Body							INTERVAL BETWEEN ONSET AND DEATH instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
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		
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.) Johnson, had jumped on running board of truck driven by Mr. E. E. Prasson and attempted to reach down and pick up some gravel, at 4:30 P.M. 8/17/60 time he fell from truck and was run over by same					
20c. TIME OF INJURY Hour 4:30 P.M. a.m. _____ Month, Day, Year 8/17/60	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.) Street		20f. CITY, TOWN, OR LOCATION Charleston COUNTY Mississippi STATE Missouri			
21. I attended the deceased from after death as Coroner and last saw her him alive on 4:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) [Signature] Coroner				22b. ADDRESS Charleston, Missouri			22c. DATE SIGNED 8/20/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 20, 1960	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) Charleston, Mo.				
24. FUNERAL DIRECTOR ADDRESS Sparks A.R. Sparks Charleston, Mo.			25. DATE RECD. BY LOCAL REG. 8-26-60		26. REGISTRAR'S SIGNATURE [Signature]			

(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 Oliver St. John

Licensed Embalmer No. 4190

P. O. Address Charles

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.