

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-034542**

**FILED VS SEP 19 1960**

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 218 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>2 hrs</u>	c. CITY OR TOWN <u>warsaw Rt 1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>wetzel Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7 mile southeast of Lincoln</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>DANNY Dale JOHNSON</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>11</u> Year <u>1960</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/10/1953</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>7</u> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Sedalia, mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Russell Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Fern Ronesburg</u>	
14. NAME OF HUSBAND OR WIFE		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>none</u>		17. INFORMANT <u>Russell Johnson</u> Address <u>warsaw Rt 1</u>	
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>Pulmonary consolidation</u> DUE TO (b) <u>Inanition &amp; malnutrition</u> DUE TO (c) <u>Cystic fibrosis of Pancreas</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u> <u>6 mo</u> <u>Since Birth</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
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.)	
20c. TIME OF INJURY Hour <u>12:05</u> a.m. p.m.	Month, Day, Year	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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>8-1-60</u> to <u>9-11-60</u> and last saw him alive on <u>9-11-60</u> Death occurred at <u>12:05</u> <u>A</u> .m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>RJ Powell, D.O.</u> (Degree or title)		22b. ADDRESS <u>Clinton, Mo.</u>	22c. DATE SIGNED <u>9-13-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9/13/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>mt pleasant cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Benton County mo</u>
24. FUNERAL DIRECTOR <u>Fred Davis &amp; Son</u> ADDRESS <u>Lincoln</u>		25. DATE RECD. BY LOCAL REG. <u>Sept 13 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Figure</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 30 1951

**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 *Emilio R. Barton*  
Licensed Embalmer No. 4021

P. O. Address Versailles

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.