

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 7 1960

-60-035227

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>		Length of stay in 1b <u>50 yrs.</u>		c. CITY OR TOWN <u>Carthage</u>		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>1129 Clinton, Carthage</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1129 Clinton St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Chipley</u> Last <u>Johns</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>30</u> Year <u>1960</u>				
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>3-25-1878</u>	9. AGE (last birthday) <u>82</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>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. cafe</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>retail food</u>		11. BIRTHPLACE (City and state or country) <u>Newburg, Ohio</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>E. W. Johns</u>			13b. MOTHER'S MAIDEN NAME <u>Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Radford Johns</u>			
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>195-36-2754</u>		17. INFORMANT Address <u>Pearl Johns, 1129 Clinton, Carthage</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>respiratory failure, acute</u>						INTERVAL BETWEEN ONSET AND DEATH <u>few min.</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>strangulation due to foreign body in airway (food)</u>		
DUE TO (c) _____						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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>strangled on food while eating</u>				
20c. TIME OF INJURY Hour <u>11:40</u> a.m. <u>xx</u> Month, Day, Year <u>9-30-60</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>home</u>		20f. CITY, TOWN, OR LOCATION <u>Carthage</u>		COUNTY STATE <u>Jasper Mo.</u>		
21. I attended the deceased from <u>11-3-52</u> to <u>9-30-60</u> and last saw him ^{her} alive on <u>8-31-60</u> Death occurred at <u>11:45 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>W. Foster Whetter MD</u>				22b. ADDRESS <u>Carthage, Missouri</u>		22c. DATE SIGNED <u>10-1-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-3-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Carthage Missouri</u>			
24. FUNERAL DIRECTOR <u>308 W. Chestnut</u> <u>Knell Mortuary Carthage, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>10-1-60</u>		26. REGISTRAR'S SIGNATURE <u>W. Foster Whetter</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 1 1960

OCT 7 1960

FEB 15 1961

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. I made

Student _____ Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Parthage, T

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.