

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002269

FILED VS. JAN 24 1961

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 3

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>MARION</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MONROE CITY</b>			Length of stay in 1b	c. CITY OR TOWN <b>MONROE CITY</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>U.S. HIGHWAY 36</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>205 S. MAIN</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>RALPH</b> Middle <b>ROY</b> Last <b>JOHNSON</b>				4. DATE OF DEATH Month <b>JANUARY</b> Day <b>10</b> Year <b>1961</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>AUG 14, 1940</b>	9. AGE (last birthday) <b>20</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>ROLLS COUNTY, MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>RALPH R. JOHNSON</b>			13b. MOTHER'S MAIDEN NAME <b>FLOSSIE YOUNG</b>		14. NAME OF HUSBAND OR WIFE <b>LOIS IRENE JOHNSON</b>		
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 <i>Ralph Johnson - Monroe City, Mo</i> Address _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Crushed chest</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fractured skull</b> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH <b>immediate</b>
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.) <b>In a car which hit a tree, the car had</b>				
20c. TIME OF INJURY <b>2:05</b> Hour _____ a.m. _____ p.m.	Month, Day, Year <b>1 10 61</b>		<b>been speeding &amp; hit tree sideways</b>				
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.) <b>Highway 36</b>		20f. CITY, TOWN, OR LOCATION <b>Monroe City</b>		COUNTY <b>Marion</b>	STATE <b>Mo</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>ABOUT 2:05 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Henry H. Sweets, Jr. M.D. Coroner</b>				22b. ADDRESS <b>Manassas Mo</b>		22c. DATE SIGNED <b>1-11-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>1-12-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST JUDES CEMETERY</b>		23d. LOCATION (City, town, or county) <b>MONROE CITY, MO</b>		(State)	
24. FUNERAL DIRECTOR <b>Wilson Sons Monroe City Mo</b>			ADDRESS	25. DATE RECD. BY LOCAL REG. <b>1-16-61</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke, by Deputy</b>		

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Leslie L. Nelson \_\_\_\_\_

Licensed Embalmer No. 3014 \_\_\_\_\_

P. O. Address Monroe City Mo \_\_\_\_\_

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.