

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024799
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 300 Registrar's No. 670

AMENDED

FILED JUL 24 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Olathe	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		d. STREET ADDRESS (If outside, give location) E. Santa Fe	
3. NAME OF DECEASED (Type or print) First BILLY Middle FRANKLIN Last JOHNSON		4. DATE OF DEATH Month July Day 12, Year 1961	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 24 Oct. 1941
9. AGE (last birthday) 19		IF UNDER 1 YEAR Months 19 Days 19 Hours 19 Min. 19	IF UNDER 24 HR Months 19 Days 19 Hours 19 Min. 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service station attendant		10b. KIND OF BUSINESS OR INDUSTRY Arkansas	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Noah R. Johnson		13b. MOTHER'S MAIDEN NAME Marguerite Hackler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT Noah Johnson (Father)		Address Olathe Kansas	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY... IMMEDIATE CAUSE (a) Cerebral edema			INTERVAL BETWEEN ONSET AND DEATH 6 days
DUE TO (b) Cerebral contusion			6 days
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.) Car ran off road	
20c. TIME OF INJURY Hour 6 s.m. am Month, Day, Year 7 6 61	collision with truck		
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.) highway	20f. CITY, TOWN, OR LOCATION near Humansville, Polk, Missouri	COUNTY Polk STATE Missouri
21. I attended the deceased from 7/6/61 to 7/12/61 and last saw him alive on 7/11/61 Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. McAlhany, M.D. (Degree or title)		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/13/61	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Conway, Arkansas
24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 7-17-61	26. REGISTRAR'S SIGNATURE Effie S. Melton

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Agile Stone Jr.

Licensed Embalmer No. 4076

P. O. Address Springfield

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.