

FILED JUN 6 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5511 Registrar's No. 6

0420  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frees Creek Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR #4 (5511)</u>		d. STREET ADDRESS (If rural, give location) <u>Smith Addition</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORMA</u> b. (Middle) <u>JEAN</u> c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 27 1955</u>	
5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>10/2 1934</u>		9. AGE (In years last birthday) <u>20</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>25</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Clinton MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fritz Elliott</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA CAPBLE</u>	
14. NAME OF HUSBAND OR WIFE <u>CORDELINS JOHNSON</u>		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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fritz Elliott</u> ADDRESS <u>Clinton MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>EPILEPTIC SEIZURE</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3533F</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT A (Specify) SUICIDE HOMICIDE <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) <u>042</u> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY <u>M</u> (Month) (Day) (Year) (Hour) <u>May 27 55</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>August 1953</u> , to <u>May 28 1955</u> , that I last saw the deceased alive on <u>D.O.A.</u> , 19 <u>    </u> , and that death occurred at <u>D.O.A.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. C. Sunderwith, P.O.</u> (Degree or title) _____		23b. ADDRESS <u>Wetzel Hospital, Clinton</u>	
23c. DATE SIGNED <u>5-31-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/30/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ENGLEWOOD CEM</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton MO</u>	
DATE REC'D BY LOCAL REG. <u>May 31-55</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> 422	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Consalus</u>		ADDRESS <u>Clinton MO</u>	

**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 .....  
Student Embalmer

Signed

*J. E. Consoer*

Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.