

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NO. **12912**

FILED MAY 13 1957

Registration District No. **137** Primary Registration District No. **5510** Registrar's No. **458**

health, Welfare public service
 300 1-56
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HENRY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DEEPWATER			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BROWNINGTON 0420		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JUNCTION 52-13 HIGHWAY				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) RFD-2	
3. NAME OF DECEASED (Type or print) First BILLY Middle DEAN Last JOHNSON		4. DATE OF DEATH Month MAY Day 4 Year 57		5. SEX MALE		6. COLOR OR RACE WHITE	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Dec. 21-44		9. AGE (In years last birthday) 12		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) KANSAS CITY, KAN.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME EVERETT L. JOHNSON				14. MOTHER'S MAIDEN NAME JANITA LAWSON			
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 EVERETT L. JOHNSON Address Brownington Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Skull fracture & broken neck DUE TO (b) Car accident causing DUE TO (c) skull fracture & broken neck. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH medical
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.) Thrown from Car which rolled on him					
20c. TIME OF INJURY Hour ; Month, Day, Year 6 PM 5/4/57		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Junction 52 & 13					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Deepwater		COUNTY 0420 STATE		20g. Henry Mo.	
21. I attended the deceased from Death on arrival and last saw her/him alive on _____ Death occurred at 6 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
22a. SIGNATURE Dr. R. S. Hallingman M.D. (Degree or title)				22b. ADDRESS Clinton Mo.		22c. DATE SIGNED 5/6/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE May 7, 57		23c. NAME OF CEMETERY OR CREMATORY Brownington Cem		23d. LOCATION (City, town, or county) (State) Brownington Mo.	
24. FUNERAL DIRECTOR Melvin L. Jensen ADDRESS Deepwater		25. (DATE RECD. BY LOCAL REG.) 5-6-57		26. REGISTRAR'S SIGNATURE Mildred Bigum			

(Licensed Embalmer's Statement on Reverse Side)

- 4

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 *Melvin L. Janssen*

Licensed Embalmer No. *452*

P. O. Address *Appleton, Wis.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (F 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.