THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1957 Walker

4 2 6 0 — STATE FILE NUMBER 3570

Registration District No. 395 Primary Registration District No. 6288 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Wright
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Norwood — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Shannon
c. CITY OR TOWN: Winona — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 10 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: James Middle: Roy Last: Johnston

4. DATE OF DEATH: Month Day Year: JAN. 25-1957

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: JUNE 4-1954

9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Winona Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Jesse Johnston

14. MOTHER'S MAIDEN NAME: Nancy Lindsey

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.:

17. INFORMANT Address: Nancy E. Johnston Winona, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Intracranial Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): severed Middle Meningeal Artery — hours
DUE TO (c): Skull fracture — hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE/CONDITION GIVEN IN PART I(a): fracture dislocation cervical spine, compound fracture left humerus, rib fractures with (lung laceration, compound fracture facial bones, shock)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.):

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year:

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Highway (auto)

20f. CITY, TOWN, OR LOCATION — COUNTY: Wy — STATE:

21. I attended the deceased from 25 Jan 1957 to 25 Jan 1957 and last saw (him) alive on 25 Jan 1957
Death occurred at 8:27 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD

22b. ADDRESS:

22c. DATE SIGNED: 2/5/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1-28-57

23c. NAME OF CEMETERY OR CREMATORY: Mt. Zion

23d. LOCATION (City, town, or county) (State): Winona, Mo.

24. FUNERAL DIRECTOR ADDRESS: Duncan's Mtn. View, Mo.

25. DATE RECD. BY LOCAL REG.: Feb. 9, 1957

26. REGISTRAR'S SIGNATURE: Bonnie L. Jones

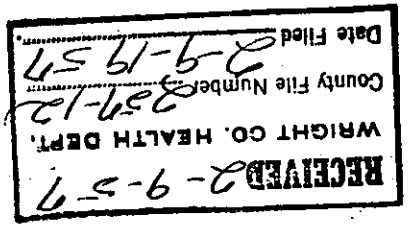
(Licensed Embalmer's Statement on Reverse Side)

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

300 1-56

330



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Joel R. Duncan

Licensed Embalmer No. 4-5

P. O. Address Mt. Vern

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