

WILSON
FILED FEB 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

3379

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 398

| | | | |
|--|---------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY SHANNON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY SHANNON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WINONA Township | | c. CITY OR TOWN WINONA ¹⁰¹⁰ | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First Jesse Middle Leo Last Johnston | | 4. DATE OF DEATH JAN. 25-1957 Month Day Year | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JUNE 15-1925 31 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIMBER | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) WINONA, Mo. |
| 13. FATHER'S NAME MANUEL M. Johnston | | 14. MOTHER'S MAIDEN NAME LONA B. Hill | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT NANCY E. Johnston Address WINONA, 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) Head & internal injuries DUE TO (b) car & truck collision DUE TO (c) 8161 26 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | 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 & truck collision | |
| 20c. TIME OF INJURY Hour 4: p. m. 1-25-57 | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ON Road - Old #20 | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION Winona COUNTY Shannon STATE Mo | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 4 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE D. F. Wilson (Degree or title) 2 | | 22b. ADDRESS Eminence Mo | |
| 22c. DATE SIGNED 2-2-57 | | | |
| 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 DUNCAN'S Mtn. View, Mo. ADDRESS | | 25. DATE RECD. BY LOCAL REG. 2-11-57 | |
| | | 26. REGISTRAR'S SIGNATURE Mabel Galt | |

(Licensed Embalmer's Statement on Reverse Side)

300
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

27-6

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 *Joe R. Sumner*

Licensed Embalmer No. *457*

P. O. Address *Yonkers, N.Y.*

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.