

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045592

FILED VS DEC 19 1960

101

Primary Registration District No. 5415

Registrar's No. 53

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas															
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Brixey		Length of stay in 1b 2yrs.		c. CITY OR TOWN Brixey		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mile east			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1 mile east		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Edward Middle Allen Last Johnston				4. DATE OF DEATH Month December Day 7th Year 1960															
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 9-2-1882		9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Grocery		11. BIRTHPLACE (City and state or country) Blanche, Missouri		12. CITIZEN OF WHAT COUNTRY USA											
13a. FATHER'S NAME George Johnston				13b. MOTHER'S MAIDEN NAME Emily Collins				14. NAME OF HUSBAND OR WIFE Leona (Gunter) Johnston											
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. Unknown		17. INFORMANT Address Leona Johnston Brixey, Missouri													
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Atherosclerosis DUE TO (b) Hypertension Arteriosclerosis DUE TO (c) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH Not known									
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 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.)															
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		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.) Home		20f. CITY, TOWN, OR LOCATION Mountain Grove, Missouri		20g. COUNTY Missouri		20h. STATE Missouri	
21. I attended the deceased from Sept 14 1960 to Dec 7 1960 and last saw him alive on Nov 29 1960 Death occurred at 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE Ed Courser M.D. (Degree or title)						22b. ADDRESS Mountain Grove, Mo				22c. DATE SIGNED 12-8-60									
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-11-60		23c. NAME OF CEMETERY OR CREMATORY Lonestar Cemetery				23d. LOCATION (City, town, or county) (State) Mtn. Grove, Missouri											
24. FUNERAL DIRECTOR Ewell C. Craig ADDRESS Mtn. Grove, Missouri				25. DATE RECD. BY LOCAL REG. 12-15-60		26. REGISTRAR'S SIGNATURE Vestal Buchanan													

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reverell C. Bran

Licensed Embalmer No. 4766

P. O. Address MTA, Pa

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