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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 19 1948
Registration District No. 376

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33837
Registrar's No. 226

Primary Registration District No. 3059

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County... ST. FRANCOIS
(b) City or town... BONNE TERRE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BONNE TERRE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 3 DAYS
(Specify whether
In this community...
years, months or days)

3. (a) PRINT FULL NAME FRED T. JOHNSTON
3. (b) If veteran, name war —
3. (c) Social Security No. 493-03-9778

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CALLIE JOHNSTON
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased JULY 20 1899
(Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 21
If less than one day — hr. — min.

9. Birthplace COURTOIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation MINER

11. Industry or business ST. JOSEPH LEAD CO.

12. Name THOMAS JOHNSTON

13. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name FANNY BEERS

15. Birthplace UNKNOWN MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant CALLIE JOHNSTON

(b) Address LEADWOOD, MISSOURI

17. (a) BURIAL (b) Date thereof 10/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LEADWOOD CEMETERY

18. (a) Signature of funeral director Bert L. Bayl

(b) Address Leadwood mo

19. (a) 10-13-48 (b) Esther Kullback
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. FRANCOIS 94
(c) City or town LEADWOOD
(If outside city or town limits, write "RURAL")
(d) Street No. NONE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 11
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from
19... to 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death: *Heart coronary artery*
"we say the direct cause of the condition
prevented, some kind of the opinion that
Fred Johnston came to his death from an
injury caused by a car
due to driver by Carl Dunlap, which
we believe unavoidable."

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 94

(b) Date of occurrence 10/8/48

(c) Where did injury occur? St. Francois Co. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 48
While at work? No (Specify type of place) (e) Means of injury *Internal injury*

23. Signature Bert L. Miller (M.D. or other) coroner
Address Farmington, mo Date signed 10/12/48

AUG 10 1948

RECEIVED

District Health Officer No. 4

District File Number 10-48-12

Date Filed 10-18-48

JUN 9 1950

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 _____

William E. Boyer, Registered Apprentice No. 229
working under my personal supervision.

Signed Bert L. Boyer

Licensed Embalmer No. 3440

P. O. Address Fadwood 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.