

FILED JAN 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 266

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>52</u>
1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>3 Mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>STATE HOSPITAL #2</u>		d. STREET ADDRESS (If rural, give location) <u>710 W 3RD</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>		b. (Middle) <u>A.</u>	c. (Last) <u>JOHNSTON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1 11-49</u>		5. SEX <u>MO</u> 6. COLOR OR RACE <u>W</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR 20, 1882</u>		9. AGE (In years last birthday) <u>66</u> 10. IF UNDER 1 YEAR Days <u>9</u> Hours <u>21</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TISCO R</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>CHARLESTON ILL</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>E. E. JOHNSTON</u>		
13b. MOTHER'S MAIDEN NAME <u>MARTHA J. TINSMAN</u>		14. NAME OF HUSBAND OR WIFE <u>ZOE H. JOHNSTON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>State Hosp. Records</u> ADDRESS <u>St. Joseph Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Influenza acute</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 4 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____
22. I hereby certify that I attended the deceased from <u>1/10/</u> , 19 <u>49</u> , to <u>1/11/</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/10/</u> , 19 <u>49</u> , and that death occurred at <u>2 A.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Edwin M. D.</u>		23b. ADDRESS <u>St. Joseph State Hospital #2 Mo.</u>		23c. DATE SIGNED <u>1-11-1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>		24b. DATE <u>1/11/49</u>		24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Jan. 14, 1949</u> REGISTRAR'S SIGNATURE <u>E. L. Jenkins</u> 382 vs. FUNERAL DIRECTOR'S SIGNATURE <u>D. Heaton Bowman</u> ADDRESS <u>St. Joseph, Mo.</u>		

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

FEB 13 1959

**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 .....  
Student Embalmer

Signed Eugene Wood.....

Licensed Embalmer No. 3804.....

P. O. Address 519 5th St, N. York, N.C.

**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.