No. 300
10-48

FILED APR 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12058

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 370

39 2 6 0

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 3mo 2days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): O'Reilly VA Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Ottawa 99
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Picher 34
d. STREET ADDRESS (If rural, give location): 302 West 2nd. Street 2

3. NAME OF DECEASED (Type or Print)
a. (First): FLOYD
b. (Middle): ANDREW
c. (Last): JOHNSTON

4. DATE OF DEATH (Month) (Day) (Year): April 24, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 22, 1907
9. AGE (In years last birthday): 41 — If under 1 year: Months 5, Days 3; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Grandon, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Georgia Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW Two
16. SOCIAL SECURITY NO.: 440-03-7960
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: O'Reilly VAH., Springfield, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculous Meningitis.

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.* Silicotuberculosis, far advanced.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 23, *19* 49, *to* April 24, *19* 49, *that I last saw the deceased alive on* April 24, *19* 49, *and that death occurred at* 11:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. J. BONDURANT, M.D., Act. Clinical Director
23b. ADDRESS: O'Reilly VAH., Springfield, Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4/25/49
24c. NAME OF CEMETERY OR CREMATORY: ? ?
24d. LOCATION (City, town, or county) (State): Miami, Okla.

DATE REC'D BY LOCAL REG.: 4/25/49
REGISTRAR'S SIGNATURE: W. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Hodson Funeral Home, Miami Okla.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Kenneth Black

Licensed Embalmer No. 414

P. O. Address Miami Okl

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.