

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

40132

State File No.

FILED JAN 4 1950

BIRTH NO. _____		REG. DIST. NO. <u>14</u>		PRIMARY REG. DIST. NO. <u>5066</u>		Registrar's No. <u>35</u>			
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Southwest Twp</u>		c. LENGTH OF STAY (in this place) <u>55 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Southwest Twp.</u>		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>W.</u> b. (Middle) <u>P.</u> c. (Last) <u>Johnston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 17, 1867</u>			
9. AGE (in years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>John W. Johnston</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hall</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Mary Johnston</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. w. P. Johnston, Mindenmines, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Asthma</u>				DUE TO (b) _____					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatitis</u>								<u>4342</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>0</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>0</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>0</u>					
22. I hereby certify that I attended the deceased from <u>12/11</u> , 19 <u>49</u> , to <u>Dec 13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12/13</u> , 19 <u>49</u> , and that death occurred at <u>5:25 a. m.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>S. E. Eddlemon M.D.</u>				23b. ADDRESS <u>Liberal Mo</u>		23c. DATE SIGNED <u>12/18/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/16/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nashville</u>		24d. LOCATION (City, town, or county) (State) <u>Nashville, Barton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 22 1949</u>		REGISTRAR'S SIGNATURE <u>Charlotte McDowell</u>		420 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence W. Chiles</u>		ADDRESS <u>Loma, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 28 1949
District Health Office No. 6,
District File Number 1248-1429
Date Filed DEC 29 1949

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.

Signed Clarence W. Chile

Signed _____
Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Louis MO

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

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