

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1950

State File No. 955

10

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>104 N. Franklin</u>		d. STREET ADDRESS (If rural, give location) <u>104 N. Franklin</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Forrest</u> b. (Middle) <u>Hugh</u> c. (Last) <u>Johnston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 1, 1950</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>April 4, 1887</u>
9. AGE (In years if UNDER 1 YEAR last birthday) Months Days Hours Min. <u>62</u> <u>8</u> <u>27</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>City Marshall</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Alvena Hix Johnston</u>	
13b. MOTHER'S MAIDEN NAME <u>Belle Johnston</u>		14. NAME OF HUSBAND OR WIFE <u>Alvena Hix 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. <u>487 10 4945</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Forrest H. Johnston</u>		ADDRESS <u>Windsor</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</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>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)		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>Jan 1, 1950</u> to <u>Jan 1, 1950</u> , that I last saw the deceased alive on <u>Jan 1, 1950</u> , and that death occurred at <u>10:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. Marshall</u> (Degree or title)		23b. ADDRESS <u>Windsor</u>	
23c. DATE SIGNED <u>1-8-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Windsor Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 3-50</u>		REGISTRAR'S SIGNATURE <u>Florence A. Turner</u> 4218	
		FUNERAL DIRECTOR'S SIGNATURE <u>Huston-Turner</u> ADDRESS <u>Windsor, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

3420

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JAN 24 1950

FEB 17 1950

RECEIVED

District Health Officer No: 7

District File Number 12-49-1586

Date Filed 1-16-50

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 _____

Licensed Embalmer No. 4648

P. O. Address. Windsor, M.

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.