

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3680**

BIRTH NO. _____ REG. DIST. NO. **365** PRIMARY REG. DIST. NO. **6246** Registrar's No. **40**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Harmony		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Harmony	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Near Palmer	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Near Palmer Mo.			

3. NAME OF DECEASED a. (First) Andrew		b. (Middle) Lee		c. (Last) Johnston		4. DATE OF DEATH (Month) (Day) (Year) Feb. 4 1950	
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 4 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Daviess Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Johnston	13b. MOTHER'S MAIDEN NAME Hewitta Lauron	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Joe Thomas	ADDRESS 1925 S Boyle St, Louisville
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Neuroneg		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 2**, 19**50**, to **Feb 4**, 19**50**, that I last saw the deceased alive on **Feb 2**, 19**50**, and that death occurred at **2 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Edward W. Ludwig (Degree or title) DOZ	23b. ADDRESS Provi. Mo.	23c. DATE SIGNED 2-7-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-6-50	24c. NAME OF CEMETERY, OR CREMATORY Marler Chapel	24d. LOCATION (City, town, or county) (State) Washington Co. Mo.
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DATE REC'D BY LOCAL REG. 2-8-50	REGISTRAR'S SIGNATURE Ella D. White	25. FUNERAL DIRECTOR'S SIGNATURE Mr. Luther Sparks	ADDRESS Petavi Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

1100

RECEIVED

FEB 9 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-173

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 Murphy L. Sparks

Licensed Embalmer No. 4256

P. O. Address Flat River 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.