

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23217

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 4185 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Clair</u>) c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Clair</u> <u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair Mo</u>		d. STREET ADDRESS (If rural, give location) <u>St. Clair Mo</u>	

3. NAME OF DECEASED a. (First) <u>Edwin</u> b. (Middle) <u>Clay</u> c. (Last) <u>Johnston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-24-50</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Jan-20-1882</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Turniture Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Turniture</u>		11. BIRTHPLACE (State or foreign country) <u>Saline Mo</u>	
13a. FATHER'S NAME <u>Theodora Johnston</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hieckbocker</u>		
14. NAME OF HUSBAND OR WIFE <u>Annela Johnston</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		
16. SOCIAL SECURITY NO. <u>40</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Annela Johnston</u> ADDRESS <u>St. Clair</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, asthemia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Surgous Disease of Lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1. Mo</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>Pleural + Pericardial Effusions</u>		<u>1345</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>Ho</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 6-15, 1950, to 7-27, 1950, that I last saw the deceased alive on 7-22, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. Lenny M.D.</u> (Degree or title)		23b. ADDRESS <u>Lexion Mo.</u>		23c. DATE SIGNED <u>7-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>	
24d. LOCATION (City, town, or county) (State) <u>Union Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Sheswood W. Mitchell</u> ADDRESS <u>St. Clair</u>			

DATE REC'D BY LOCAL REG. <u>7-24-1950</u>		REGISTRAR'S SIGNATURE <u>L. L. Worthington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sheswood W. Mitchell</u> ADDRESS <u>St. Clair</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1360

RECEIVED

APR 11 1950

DISTRICT HEALTH OFFICE No. 4

File No. _____

NOV 6 1952

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 Shesmond W. Kitchel

Licensed Embalmer No. 3873.

P. O. Address. H. Clair, 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.