

No. 300
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FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24374

State File No. _____ Registrar's No. 1621

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>539 Fulton Avenue</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hugh</u> b. (Middle) c. (Last) <u>Johnston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7, 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>Dec. 23, 1887</u>	9. AGE (In years, last birthday) <u>62</u>	10. MONTHS <u>6</u>
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 <u>Stock & grain</u>	11. BIRTHPLACE (State or foreign country) <u>Madison, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Wess Johnston</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Dickerson</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Johnston</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War #1</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Johnston, Moberly, Mo.</u>	ADDRESS
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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 <u>32 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial damage</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis Hypertrophic</u>		<u>32 yrs.</u>	

19a. DATE OF OPERATION <u>None</u>	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)	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 Jan. 28, 1950, to July 7, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Doris S. Jolly M.D.</u>	23b. ADDRESS <u>203 1/2 N. Clark St. Moberly, Mo.</u>	23c. DATE SIGNED <u>7-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 9, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-9-50</u>	REGISTRAR'S SIGNATURE <u>Seal Bureau</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home Moberly</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

499 26 1950

RECEIVED JUL 25 1950
District Health Officer No. 10
District File Number _____
Date Filed JUL 25 1950

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 _____
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed..... *B. M. Carter*

Licensed Embalmer No. 4117

P. O. Address Moherly 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.