S. No. 300
Rev. 10-48

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

FILED FEB 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4597

State File No.

BIRTH NO. REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mound City
c. LENGTH OF STAY (In this place): 9 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mound City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mound City 0440
d. STREET ADDRESS (If rural, give location): Mound City

3. NAME OF DECEASED (Type or Print)
a. (First): Rua
b. (Middle): Genevieve
c. (Last): Johnston

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 22, 1894
9. AGE (In years last birthday): 56 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Archie Hickox
13b. MOTHER'S MAIDEN NAME: Hattie Moorhouse
14. NAME OF HUSBAND OR WIFE: Elmer C. Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Elmer C. Johnston — ADDRESS: Mound City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nervous System

DUE TO (c) — 345X

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 ☐ NO ☒

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) a.m. p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1950, *to* Feb 15, 1951, *that I last saw the deceased alive on* Feb 13, 1951, *and that death occurred at* 3 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. P. Perry M.D.
23b. ADDRESS: Mound City Mo
23c. DATE SIGNED: 2-16-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/17/51
24c. NAME OF CEMETERY OR CREMATORY: White Hall Cemetery
24d. LOCATION (City, town, or county) (State): White Hall Illinois

DATE REC'D BY LOCAL REG.: 2/17/51
REGISTRAR'S SIGNATURE: J. C. Tracy by wife
25. FUNERAL DIRECTOR'S SIGNATURE: James H. Crawford — ADDRESS: Mound City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
20
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 James H. Crawford
Licensed Embalmer No. 4796
P. O. Address Mound City, 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.