S. No. 300
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FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11326

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6224 3076 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (in this place): 25years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunderwirth Nursing Home 322 North Cedar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada-Rural-Center Twp. 1080
d. STREET ADDRESS (If rural, give location): R#3

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

4. DATE OF DEATH (Month) (Day) (Year): February 6, 1951

5. SEX: Fm
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 21, 1891
9. AGE (In years last birthday): 59 — 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: Own home
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ✓
13b. MOTHER'S MAIDEN NAME: ✓
14. NAME OF HUSBAND OR WIFE: Jacob Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Jacob Johnston — ADDRESS: Nevada, Missouri R#3

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) General paresis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Syphilis (Late) — ?
DUE TO (c) — 025 X

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) 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* Apr 1, 1950, *to* Febr 4, 1951, *that I last saw the deceased alive on* Febr 4, 1951, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Newton O. M.D.
23b. ADDRESS: Nevada
23c. DATE SIGNED: 2-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 10, 1951
24c. NAME OF CEMETERY OR CREMATORY: Jacksonville Cemetery
24d. LOCATION (City, town, or county) (State): Jacksonville, Arkansas

DATE REC'D BY LOCAL REG.: 2-9-51
REGISTRAR'S SIGNATURE: Anna E. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE: Ferry Funeral Home — ADDRESS: Nevada, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED FEB 13 1951

Dist. File 251-36G

Date Filed 2-14-51

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.

Student Embalmer No.....

Signed [signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Nevada 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.