

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11377

1100
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6242 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> c. CITY OR TOWN <u>Kingston</u>	
b. CITY OR TOWN <u>Rural—Kingston</u> c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Rural—Kingston</u> 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Mines</u>		d. STREET ADDRESS (If rural, give location) <u>Old Mines</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>Lily</u> c. (Last) <u>Johnston</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>23</u> (Year) <u>1951</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-21-1857</u>
9. AGE (In years last birthday) <u>93</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Washington County, Mo</u>
13a. FATHER'S NAME <u>Archie Taylor</u>		13b. MOTHER'S MAIDEN NAME <u>Mary L. Roussian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Robert L Johnston</u>		17. ADDRESS <u>Cadet RT1 Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> 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"/>			
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)	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 <u>never</u> , 19 <u>19</u> , to _____, 19____, that I last saw the deceased alive on <u>never</u> , 19____, and that death occurred at <u>6:35 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph L. Thurman</u> 3 (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Potosi, Mo.</u>	
23c. DATE SIGNED <u>3-24-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-27-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo</u>
DATE REC'D BY LOCAL REG. <u>3/24/51</u>	REGISTRAR'S SIGNATURE <u>Halbert Rudolph</u> 403	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer Funeral Home</u> ADDRESS <u>Potosi, Mo</u>	

RECEIVED

MAR 27 1951

WASH. COUNTY HEALTH DEPT.

File No. B 51-29

APR 5 1951

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.....
Student Embalmer

Signed Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi 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.