

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32769

State File No. ....

FILED OCT 30 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>CALDWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALDWELL</u>	
b. CITY OR TOWN <u>BRAYMER</u>		c. CITY OR TOWN <u>BRAYMER</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHN DALLAS HOME</u>			
3. NAME OF DECEASED a. (First) <u>MARION</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>JOHNSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, '51</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Mar. 7, 1868</u>
9. AGE (In years last birthday) <u>83</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>CARROLL CO., MO.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>(UNKNOWN) JOHNSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET SUSAN</u>	
14. NAME OF HUSBAND OR WIFE <u>ROSE JOHNSTON</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JOHN DALLAS BRAYMER</u> ADDRESS <u>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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>		<u>many years</u>	
DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>many years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic Nephritis (arteriosclerotic)</u>		<u>many years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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>May, 1947</u> , to <u>Sept 29, 1951</u> , that I last saw the deceased alive on <u>Sept 29, 1951</u> , and that death occurred at <u>11:55</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Goldberg</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Braymer, Mo.</u>	23c. DATE SIGNED <u>10/2/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 2 '51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HARRIS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CARROLL CO., MO.</u>
DATE REC'D BY LOCAL REG. <u>10-16-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Lopez</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Emil C. Michael</u> ADDRESS <u>Braymer, Mo.</u>	

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



**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 \_\_\_\_\_

*Gene C. Michael*

Licensed Embalmer No. 4340

P. O. Address Braymer, 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.