

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36742**
Registrar's No. **319**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNOTSMILL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST MARYS' HOSPITAL		d. STREET ADDRESS (If rural, give location) R.F.D.	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ALPHUS c. (Last) JOHNSTON	4. DATE OF DEATH (Month) (Day) (Year) DEC-5-1951
--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED-DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY-4-1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 7 Days 1	IF UNDER 2 HRS. Hours 1 Min.
--------------------	-------------------------------	---	------------------------------------	---	---	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (State or foreign country) Osage County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
--	--	---	--

13a. FATHER'S NAME WM JOHNSTON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ANNA VOSSEN 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. *****	17. INFORMANT'S SIGNATURE OR NAME ADDRESS C.L. JOHNSTON BONNOTS MILL 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH year
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral aneurysm			1 day

19a. DATE OF OPERATION 12-6-51	19b. MAJOR FINDINGS OF OPERATION 443x	20. AUTOPSY YES <input type="checkbox"/> NO <input 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) Jefferson City Osage Linn
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **March, 1951**, to **Dec**, 1951, that I last saw the deceased alive on **Nov 5**, 1951, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dean A. Taylor M.D.	23b. ADDRESS Jefferson City	23c. DATE SIGNED 12-6-51
--	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Dec. 8 1951	24c. NAME OF CEMETERY OR CREMATORY Cady Creek Cemetery	24d. LOCATION (City, town, or county) (State) Bonnots Mill Mo. R.D.
--	---------------------------------	--	---

DATE REC'D BY LOCAL REG. Dec 7-1951	REGISTRAR'S SIGNATURE R.P. Davis MD - MR	FUNERAL DIRECTOR'S SIGNATURE Clyde Minter	ADDRESS Linn Mo
---	--	---	---------------------------

WRITE PLAINLY - USING UNFADING INK - MAKE A PERMANENT RECORD

RECEIVED DEC 10 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed DEC 10 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lynn 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.