

FILED JAN 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. 402

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3042 Registrar's No. 402

7644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give ORL TOWN Hannibal)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 417 South Sixth	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Elizabeth Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Johnston c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) December 21, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 8, 1906	9. AGE (In years last birthday) 45	10. UNDER 1 YEAR: Months 4 Days 12	11. UNDER 24 HRS. Hours 0 Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Head Setter		10b. KIND OF BUSINESS OR INDUSTRY International Shoe		11. BIRTHPLACE (State or foreign country) Woodlawn Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Arthur Johnston		13b. MOTHER'S MAIDEN NAME Annie Huss		14. NAME OF HUSBAND OR WIFE Erma Johnston	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Robert Johnston ADDRESS Hannibal Missouri	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 4 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? _____	
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22. I hereby certify that I attended the deceased from **Dec. 20, 1951**, to **Dec. 20, 1951**, that I last saw the deceased alive on **Dec. 20, 1951**, and that death occurred at **9:50 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____		23b. ADDRESS B. & L. Building		23c. DATE SIGNED Dec. 24-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/22/51		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet		24d. LOCATION (City, town, or county) (State) Hannibal Missouri	
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DATE REC'D BY LOCAL REG. 12-26-51		REGISTRAR'S SIGNATURE <i>[Signature]</i>		FEDERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Hannibal Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 2 1952
MARION CO. HEALTH DEPT.
DATE FILED JAN 2 1952

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: John S Ward

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.