

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300 FEB 26 1952
10.48

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY CLINTON
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON
c. LENGTH OF STAY (in this place) 1 yr.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1208 W. 4th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY CLINTON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON 0251
d. STREET ADDRESS (If rural, give location) 1208 W. 4th St. 0

3. NAME OF DECEASED
a. (First) John b. (Middle) OLIVER c. (Last) JOHNSTON

4. DATE OF DEATH (Month) (Day) (Year) 2-16-1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH 4-18-1852

9. AGE (In years last birthday) 99

IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (State or foreign country) CLINTON Co. Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Johnston

13b. MOTHER'S MAIDEN NAME Sarah E. Livingston

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. No.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edis Johnston CAMERON 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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) medullary Failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage
DUE TO (c) Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
1 hr
10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 331X

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 1/23/1952, to 2/16/1952, that I last saw the deceased alive on 2/16/1952, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. S. Shompton DO

23b. ADDRESS CAMERON MO

23c. DATE SIGNED 2/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 2-18-52

24c. NAME OF CEMETERY OR CREMATORY PLATTSBURG CEMETERY

24d. LOCATION (City, town, or county) (State) PLATTSBURG, MO.

DATE REC'D BY LOCAL REG. 2-22-52

REGISTRAR'S SIGNATURE Winifred W. Moser

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DeMoss CRUNK CAMERON MO

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

MAR 28 1932

MAR 15 1932

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
Student Embalmer

Student Embalmer No
Signed *W. M. Cameron*

Licensed Embalmer No. *2533*

P. O. Address *Cameron, Md.*

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.