

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4475**

FILED MAR 8 1952

BIRTH NO. _____ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4167** Registrar's No. **112**

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) Amity		c. CITY (If outside corporate limits, write RURAL and give township) Amity 0320	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) _____ c. (Last) JOHNSTON			4. DATE OF DEATH (Month) (Day) (Year) Feb. 27 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 28 1884	9. AGE (In years) (Month) (Day) (Year) 67	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) DeKalb County Mo 0		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME David E. Pearce		13b. MOTHER'S MAIDEN NAME Martha Kost		14. NAME OF HUSBAND OR WIFE Charles 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 Martha Johnston 300 N. Garnsey St. Santa Anna, Calif.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis 10 yrs	
		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 331X		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)	
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 **2 May 1944**, to **Feb 27, 1952** that I last saw the deceased alive on **Feb 27, 1952** and that death occurred at **2:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold Fowler D.O. (imp. report)		23b. ADDRESS Maysville Missouri		23c. DATE SIGNED 2/29-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 29 1952		24c. NAME OF CEMETERY OR CREMATORY Amity	
		24d. LOCATION (City, town, or county) (State) Amity Missouri			

DATE REC'D BY LOCAL REG. 3-7-52		REGISTRAR'S SIGNATURE Roscoe Davidson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PILCHER FUNERAL HOME MAYSVILLE MO.	
---	--	---	--	---	--

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

23200

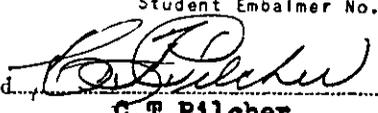
STATEMENT BY LICENSED EMBALMER

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.....



C.T. Pilcher

Licensed Embalmer No. 3960.....

Signed.....
Student Embalmer

P. O. Address Maysville 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.