

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1952

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 17

0502

0502

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>De Soto</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>De Soto</b>	
c. LENGTH OF STAY (in this place) <b>Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>711 Blow St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>711 Blow St.</b>		d. STREET ADDRESS <b>711 Blow St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fred</b>	b. (Middle) <b>V.</b>	c. (Last) <b>Johnston</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 8, 1952</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 13, 1888</b>	9. AGE (In years) (last birthday) Months Days Hours Min. <b>63</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Robert Johnston</b>	13b. MOTHER'S MAIDEN NAME <b>Myra Huskey</b>	14. NAME OF HUSBAND OR WIFE <b>Annie Johnston</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>499-03-6175</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Annie Johnston</b>	ADDRESS <b>DeSoto, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		<b>3 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <b>Generalized atherosclerosis</b> DUE TO <b>arterio-sclerotic hypertension</b> <b>heart disease</b>		<b>2 years</b> <b>3-4 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cardiac decompensation</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4-200</b>	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 **Feb. 23, 1952**, to **March 6, 1952**, that I last saw the deceased alive on **March 6, 1952**, and that death occurred at **5:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Harold E. Donnell M.D.</b>	(Degree or title)	23b. ADDRESS <b>De Soto, Missouri</b>	23c. DATE SIGNED <b>3-10-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/10/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>De Soto Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-17-52</b>	REGISTRAR'S SIGNATURE <b>Marie Harris</b>	146-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Lee Mathershead</b>	ADDRESS <b>DeSoto, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED MAR 19 1952  
HILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address DeSoto, 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.