

S. No. 300  
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13386**

0500  
1

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

APR 21 1952

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>216</u>	
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JOACHIM</u>		c. LENGTH OF STAY (in this place) <u>60 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JOACHIM</u> <u>0500</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>NEAR PEVELY MO</u>			
3. NAME OF DECEASED a. (First) <u>MARGARET</u> (Type or Print)			b. (Middle) <u>JOHNSTON</u>		c. (Last) _____		
4. DATE OF DEATH <u>APR 11 1952</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>FEB. 16 1869</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Month <u>1</u> Days <u>25</u>		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>AUGUST CRATOR</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ROBERT E. DEC.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MR. MARTIN JOHNSTON PEVELY</u> ADDRESS <u>MO</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>Cerebric secondary</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>5 yrs</u> <u>3 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>		4221	
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) _____		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 <u>7/23</u> , 19 <u>48</u> , to <u>Apr 10</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Apr 10</u> , 19 <u>52</u> , and that death occurred at <u>10:20 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. E. Deen</u> (Degree or title) <u>MD.</u>				23b. ADDRESS <u>Stevenson, Mo</u>		23c. DATE SIGNED <u>4/12/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 13, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JOHNSTON CENETERY</u>		24d. LOCATION (City, town, or county) (State) <u>PEVELY MO</u>	
DATE REC'D BY LOCAL REG. <u>April 19 1952</u>		REGISTRAR'S SIGNATURE <u>Georgy R. Pollette</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTAG FUNERAL HOME</u> ADDRESS <u>IMPERIAL MO</u>			

(Licensed Embalmer's Statement on Reverse Side)  
444-0

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED APR 14 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: *Almer Helbig*

Licensed Embalmer No. *3571*

P. O. Address *Jefferson Co. 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.