

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>KNOX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Knox</u>				
b. CITY OR TOWN <u>Edina</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Edina Mo 0520</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Residence</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>KATHERINE</u> c. (Last) <u>JOHNSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-10-1952</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March-14-1875</u>		
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>1</u> Day <u>26</u>		IF UNDER 1 HR. Hours <u>1</u> Min. <u>26</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home helper</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Edina Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			13a. FATHER'S NAME <u>Phillip Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Elizabeth Eberly</u>		14. NAME OF HUSBAND OR WIFE <u>Albert Lee Johnston</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>Albert Lee Johnston</u> ADDRESS <u>Edina 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u> ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastasis from</u> <u>Cancer of Breast</u> 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 <u>10/4/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Breast</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Feb 5, 1952</u> , to <u>May 10, 1952</u> , that I last saw the deceased alive on <u>May 10, 1952</u> , and that death occurred at <u>7:30 Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Waldo B. Jones MD</u>				23b. ADDRESS <u>Knox City Mo.</u>		23c. DATE SIGNED <u>5/12/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May-13-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Linville</u>		24d. LOCATION (City, town, or county) (State) <u>Edina Missouri</u>		
DATE REC'D BY LOCAL REG. <u>May-18-52</u>		REGISTRAR'S SIGNATURE <u>Neil S. Hurst</u> 15-1		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u> ADDRESS <u>Edina Mo</u>				

JUL 7 1959

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina 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.