No. 300
10.48

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

FILED AUG 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25420

State File No.

BIRTH NO. REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4443 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY Randolph 0880 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Huntsville
c. LENGTH OF STAY (in this place) 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Main Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Randolph 0880 1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Huntsville
d. STREET ADDRESS (If rural, give location) South Main Street

3. NAME OF DECEASED (Type or Print)
a. (First) Norman
b. (Middle) Caldwell
c. (Last) Johnston

4. DATE OF DEATH (Month) (Day) (Year) August 7, 1952

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH 2-27-1887
9. AGE (In years last birthday) 65 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney
10b. KIND OF BUSINESS OR INDUSTRY law practice
11. BIRTHPLACE (State or foreign country) Randolph County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME H.C. Johnston
13b. MOTHER'S MAIDEN NAME Susan Dameron
14. NAME OF HUSBAND OR WIFE Arel Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 495-36-9861
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS Mrs. Arel Johnston; Huntsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cardiac Infarct — 10 days

DUE TO (c) Coronary Arteriosclerosis — years

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 4201
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* June 1, 1952, *to* Aug 7, 1952, *that I last saw the deceased alive on* Aug 5, 1952, *and that death occurred at* 5:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Morris C. Exley (Degree or title) D.O.
23b. ADDRESS Huntsville, Mo
23c. DATE SIGNED 8-8-52.

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 8-9-1952
24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery
24d. LOCATION (City, town, or county) (State) Huntsville, Missouri

DATE REC'D BY LOCAL REG. 8-9-52
REGISTRAR'S SIGNATURE Mrs D A Barnhart 2701 0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS T.B. Patton & Sons Huntsville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Paul T. Patton

Licensed Embalmer No. 4025

P. O. Address Huntsville, 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.