

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1848
RECEIVED
State File No. 3000
County of Missouri
Registrar's No. 320

0495
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		State File No. _____			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived prior to institution of residence before admission)					
a. COUNTY <u>Jasper</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jasper</u>			
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>		d. STREET ADDRESS (If rural, give location)		1495			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>				124 1/2 Main Street					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <u>Harry</u>		b. (Middle)		c. (Last) <u>Johnston</u>		(Month) (Day) (Year) <u>1-16-1953</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-4-1880</u>			
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Oil</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Bloomington, Ill</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			13a. FATHER'S NAME <u>Wm J. Johnston</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Howell</u>		14. NAME OF HUSBAND OR WIFE <u>Anne 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>Thornhill-Dillon Mortuary Files</u>			ADDRESS	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrael hemorrhage</u>				<u>24 hours</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES: _____					
				DUE TO (b) _____					
				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						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
		331 X							
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>1-15</u> , 19 <u>53</u> , to <u>1-16</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-16</u> , 19 <u>53</u> , and that death occurred at <u>10:55 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)					23b. ADDRESS			23c. DATE SIGNED	
<u>[Signature]</u>					<u>Joplin Mo</u>			<u>1/24/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>1-26-1953</u>		<u>Mt. Hope Cemetery</u>		<u>Webb City, Missouri</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
<u>1-28-53</u>		<u>[Signature]</u>			<u>Thornhill-Dillon Mort., Joplin, Mo</u>				

RECEIVED 2-2-53
Jasper County Health Office

County File Number 53/2/110

Date Filed 2-3-53

FEB 5 1953

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 W. E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.