

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3303

State File No. 0919

FILED FEB 11 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5825 Lindenwood				d. STREET ADDRESS (If rural, give location) 14 5825 Lindenwood			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY		b. (Middle) _____		c. (Last) JOHNSTON		4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 1953	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 3, 1892		9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 months: Days) (If under 12 hours: Hours) (If under 15 min.: Min.) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traveling Auditor		10b. KIND OF BUSINESS OR INDUSTRY -Frisco R.R. Co.		11. BIRTHPLACE (City and State or Foreign Country) Springfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Marshall Reed Johnston		13b. MOTHER'S MAIDEN NAME Ida Mae VanSaun		14. NAME OF HUSBAND OR WIFE Lelia M. Johnston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 702-03-4541		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lelia M. Johnston 5825 Lindenwood			
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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH 6 weeks	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 443X			
22. I hereby certify that I attended the deceased from Nov. 10, 1952, to Jan. 25, 1953, that I last saw the deceased alive on Jan. 25, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Carl Smith M.D.				23b. ADDRESS 539 N. Grand St. St. Louis		23c. DATE SIGNED 1/26/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)		24b. DATE 1-27-53		24c. NAME OF CEMETERY OR CREMATORY Wichita, Kansas		24d. LOCATION (City, town, or county) (State) Wichita, Kansas	
DATE REC'D BY LOCAL REG. JAN 27 1953		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl			

(Licensed Embalmer's Statement on Reverse Side)

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

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 William E. White

Licensed Embalmer No. 4291

P. O. Address 4228 Kings Highway

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.