No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12937 15

FILED MAR 23 1953

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: SALINE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - SALT POND TWP
c. LENGTH OF STAY (In this place): 1 HOUR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HARRY LANGEWISCH FARM 2 MILE EAST SWEET SPRINGS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: SALINE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - SALT POND TWP 0970
d. STREET ADDRESS (If rural, give location): 2 MILES NORTH OF SWEET SPRINGS

3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle): ROY
c. (Last): JOHNSTON

4. DATE OF DEATH (Month) (Day) (Year): MARCH 17 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JANUARY 4, 1883
9. AGE (In years last birthday): 70 — 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): VETERENARIAN
10b. KIND OF BUSINESS OR INDUSTRY: VETERENARY
11. BIRTHPLACE (City and State or Foreign Country): MONTROSE, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: WILLIAM B. JOHNSTON
13b. MOTHER'S MAIDEN NAME: MARY ANN WILSON
14. NAME OF HUSBAND OR WIFE: FLORENCE HUMBROCK JOHNSTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. L. R. JOHNSTON — ADDRESS: SWEET SPRINGS, MO

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

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

DUE TO (b): Hypertension

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:

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* Made investigation, 19___, to 3-19-1953, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Lawless M.D. Coroner Saline Co.
(Degree or title)
23b. ADDRESS: Marshall Mo.
23c. DATE SIGNED: 3-19-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 20, 1953
24c. NAME OF CEMETERY OR CREMATORY: FAIRVIEW CEM.
24d. LOCATION (City, town, or county) (State): SWEET SPRINGS, MO

DATE REC'D BY LOCAL REG.: 3/19/53
REGISTRAR'S SIGNATURE: Dolly Andrews 295
25. FUNERAL DIRECTOR'S SIGNATURE: L. F. Parker — ADDRESS: Sweet Springs, Mo

(Licensed Embalmer's Statement on Reverse Side)

APR 17 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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.