

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

18603

State File No. \_\_\_\_\_

FILED MAY 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Winfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Mem. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>0570</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DELLA</u>	b. (Middle) <u>DARLENE</u>	c. (Last) <u>JOHNSTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 11, 1953</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 18, 1895</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>RFD Foley, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ernest Brown</u>	13b. MOTHER'S MAIDEN NAME <u>Lorena Watts</u>	14. NAME OF HUSBAND OR WIFE <u>Charles H. Johnston, Sr.</u>
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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>498-26-3299</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles H. Johnston, Sr.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>6 weeks</u> <u>30 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Myocarditis</u> DUE TO (c) <u>Rheumatic Fever</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>4/11</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4012</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT _____ NOT WHILE AT _____ WORK WORK	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Nov 1, 1951, to May 11, 1953 that I last saw the deceased alive on May 11, 1953, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank L. Sutton, D.O.</u>	23b. ADDRESS <u>Winfield, Missouri</u>	23c. DATE SIGNED <u>5/12/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-14-53</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Grinth</u>	24d. LOCATION (City, town, or county) (State) <u>RFD Foley, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 20 - 1953</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle '63</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Johnston, Sr.</u>	ADDRESS <u>Elsberry, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

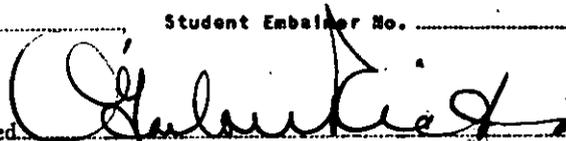
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 4012

P. O. Address

Esberg, 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.