

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12754**

BIRTH NO. _____		REG. DIST. NO. <b>226</b>		PRIMARY REG. DIST. NO. <b>5299</b>		Registrar's No. <b>14</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Monroe</b>		c. LENGTH OF STAY (In this place)		a. STATE <b>Missouri</b>		b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Madison, RR Marion</b>		<b>lifetime</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Madison, RR Marion</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>XXXXXXXXXXXX</b>				d. STREET ADDRESS (If rural, give location) <b>RR 0690</b>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. (Month) (Day) (Year)	
a. (First) <b>Archie</b>	b. (Middle) <b>Lee</b>		c. (Last) <b>Johnston</b>			<b>4</b>	<b>16</b>
<b>5. SEX</b> male	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>12/9/1883</b>		9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (State or foreign country) <b>Audrain Co Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>John Wes Johnston</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Lee Dickerson</b>		14. NAME OF HUSBAND OR WIFE <b>Cra Vincent (Deceased)</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Madison, Mo</b>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>			
*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			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <b>Myocarditis</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 <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <b>July</b> , 1952, to <b>April 15</b> , 1954 that I last saw the deceased alive on <b>April 14</b> , 1954 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Dr. H. M. Cornick</b> (Degree or title) <b>D.O.</b>				23b. ADDRESS <b>300 1/2 Reed St. Moberly Mo</b>		23c. DATE SIGNED <b>4-16-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>4/18/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>		24d. LOCATION (City, town, or county) (State) <b>Madison RR MO</b>	
DATE REC'D BY LOCAL REG. <b>4/20-54</b>		REGISTRAR'S SIGNATURE <b>Elvie Robertson</b>		FEDERAL DIRECTOR'S SIGNATURE <b>Fred A. Humphreys</b>		ADDRESS <b>Madison Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

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 *Fred A. Thompson*

Licensed Embalmer No. 1420

P. O. Address *Memphis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.