

FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38367**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 131

1. PLACE OF DEATH  
a. COUNTY Pulaski

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Arkansas b. COUNTY Washington

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft Leonard Wood c. LENGTH OF STAY (in this place) 2 Wks

c. CITY OR TOWN Prairie Grove d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence 634 Rolla Circle e. STREET ADDRESS (If rural, give location) Post Office Box 31 80309

3. NAME OF DECEASED  
a. (First) Jessie b. (Middle) Emma c. (Last) Johnston

4. DATE OF DEATH (Month) (Day) (Year)  
Nov 21 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 6 1886 9. AGE (In years last birthday) 68 # UNDER 1 YEAR 0 # UNDER 1 MIN. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (City and State or Foreign Country) Mena Arkansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Randolph

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Albert S 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 Albert S Johnston ADDRESS 634 Rolla Circle Ft Leonard Wood, Mo

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) Coronary Occlusion  
INTERVAL BETWEEN ONSET AND DEATH 15 Min  
  
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  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)  
4201 \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

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 Nov 21, 1954, to Nov 21, 1954, that I last saw the deceased live on Nov 21 1954, and that death occurred at 200p m., from the causes and on the date stated above.

23a. SIGNATURE Betty JH Hedges (Degree or title) Coroner

23b. ADDRESS Richland Missouri

23c. DATE SIGNED Nov 21 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Nov 22 54

24c. NAME OF CEMETERY OR CREMATORY Prairie Grove Cem

24d. LOCATION (City, town, or county) (State) Prairie Grove Arkansas

DATE REC'D BY LOCAL REG. 11-22-54

REGISTRAR'S SIGNATURE Paula Mae Anderson 4586

25. FUNERAL DIRECTOR'S SIGNATURE Hedges ADDRESS Hedges Funeral Homes Inc Waynesville

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

Date Filed 11-27-54  
File Number \_\_\_\_\_  
County Health Office \_\_\_\_\_  
11-22-54

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Clarence Cross

Licensed Embalmer No. 4896

P. O. Address Waynesville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.