

FILED AUG 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21813

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 652

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. CITY OR TOWN <u>Springfield</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>2 weeks</u> | | e. STREET ADDRESS (If rural, give location) <u>834 College</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>STONEWALL</u> | b. (Middle) <u>JACKSON</u> | c. (Last) <u>JOHNSTON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1955</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>June 16, 1863</u> | 9. AGE (In years last birthday) <u>92</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE* (City and State or Foreign Country) <u>Jefferson County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Grace Watson, Springfield, Missouri</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio Vascular Disease</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>NOT KNOWN</u> |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | |
| | DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from 7-22, 1955, to 7-28, 1955, that I last saw the deceased alive on July 27, 1955, and that death occurred at 7:50A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Max Kitch</u> | (Dr. or M.D.) <u>M.D.</u> | 23b. ADDRESS <u>Springfield Mo</u> | 23c. DATE SIGNED <u>7-29-55</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>July 30, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-30-55</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alma Schmeyer, Springfield, 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.....
Signature of Student Embalmer

Signed *Robert E. Muhlema*

Licensed Embalmer No. *491*

P.O. Address *Springfield*

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.