

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

State File No. **25530**

FILED AUG 22 1955

No. 200  
10-48

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>3010</b>		Registrar's No. <b>313</b>	
1. PLACE OF DEATH a. COUNTY <b>CAPE GIRARDEAU</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CAPE GIRARDEAU</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU</b>		c. LENGTH OF STAY (In this place) <b>45min</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CAPE GIRARDEAU 1164</b>		d. STREET ADDRESS (If rural, give location) <b>383 N. HENDERSON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SOUTHEAST MISSOURI HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>383 N. HENDERSON</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOE</b>			b. (Middle) <b>A.</b>		c. (Last) <b>JOHNSTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 3 1955</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 9, 1886</b>	9. AGE (In years of last birthday) <b>69</b>	10. UNDER 1 YEAR Months <b>6</b> Days <b>26</b>	11. UNDER 1 MO. Hours _____ Mts. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM MACHINERY</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MAYNARD, ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>GREEN</b>		13b. MOTHER'S MAIDEN NAME <b>JOHNSTON JANE LEWIS</b>		14. NAME OF HUSBAND OR WIFE <b>BESSIE JOHNSTON</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>493-06-8078</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>BESSIE JOHNSTON CAPE GIRARDEAU MO</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>✓</b> <b>4221</b> DUE TO (c) <b>✓</b> <b>331X</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Pulmonary emphysema</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		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>8/3</b> , 19 <b>55</b> , to <b>8/3</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>8/3</b> , 19 <b>55</b> , and that death occurred at <b>3 1/2 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. H. Kevin, M.D.</b>				23b. ADDRESS <b>Cape Girardeau, Mo 63753</b>		23c. DATE SIGNED <b>8/5/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>8/5/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>CAPE GIRARDEAU MO</b>	
DATE REC'D BY LOCAL REG. <b>8-15-55</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Charles E. Mungle Cape Girardeau</b> <b>FORD YOUNG FUNERAL HOME</b>			

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

*Charles E. Mungle*

Licensed Embalmer No. *4897*

P. O. Address

*Pope St. Leonard*

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.