

FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37396**BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5666** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL UNION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL UNION 560	
c. LENGTH OF STAY (In this place) XXXXXX		d. STREET ADDRESS (If rural, give location) 2 mi. North East Maywood	
d. FULL NAME OF HOSPITAL OR INSTITUTION: XXXXXXXXXXXX			

3. NAME OF DECEASED (Type or Print) a. (First) HARTZELL		b. (Middle) LEVI		c. (Last) JOHNSTON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1955	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, ^(f) WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH MAY 28, 1893	
9. AGE (In years) (last birthday) 62		IF UNDER 1 YEAR Months 5		IF UNDER 1 YEAR Days 12		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) MARION COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME FUFUS JOHNSTON		13b. MOTHER'S MAIDEN NAME FEDDIE HUTCHERSON		14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXXXXXXXXX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. ETHYL BENEDICT	
				ADDRESS Maywood, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH minutes	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY Thrombosis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ H201					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema</u>				15 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Aug, 1954, to 10 Nov, 1955, that I last saw the deceased alive on 20 A^{oc}, 1955, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John W. Witts D.O.</u>		23b. ADDRESS <u>Levi, Star Mo</u>		23c. DATE SIGNED <u>14 Nov 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>11/13/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNRISE</u>	
				24d. LOCATION (City, town, or county) (State) <u>Marion Co, MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>11-15-55</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles C. ...</u>		ADDRESS <u>Lewistown, Mo.</u>	
		<u>E. L. D.</u>					

(Licensed Embalmer's Statement on Reverse Side)

DEC 30 1958

EXPIRES 1961

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 L. Arnold Sr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.