

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

39450

State File No.

FILED NOV 22 1955

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>4319</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>TEXAS</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CABOOL</u>		a. STATE <u>MO.</u>		b. COUNTY <u>TEXAS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. LENGTH OF STAY (In this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CABOOL</u>		10 70 10 0	
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>ANDREW</u>		b. (Middle) <u>EZRETH</u>		c. (Last) <u>Johnston</u>		(Month) (Day) (Year) <u>11-15-55</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>2-15-1877</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>MARY A. (dec.)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Olive Turner, Cabool</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis left common iliac artery</u>				<u>6 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease with Auricular fibrillation</u>				<u>years</u>	
		DUE TO (c) <u>4200</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>11/11</u> , 19 <u>55</u> , to <u>11/14/55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/14</u> , 19 <u>55</u> , and that death occurred at <u>4:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G. L. Spears M.D.</u> (Degree or title)				23b. ADDRESS <u>Cabool, Mo.</u>		23c. DATE SIGNED <u>11/15/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-17-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CABOOL</u>		24d. LOCATION (City, town, or county) (State) <u>CABOOL, MO.</u>	
DATE REC'D BY LOCAL REG. <u>11-16-55</u>		REGISTRAR'S SIGNATURE <u>325-0</u> <u>Gaynell Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott Neutey</u> ADDRESS <u>Cabool, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22 1957

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 James L. Henty
Licensed Embalmer No. 14718

P. O. Address Cabool, Mo.

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.