

FILED FEB 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

3731

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>27</u>			
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		d. STREET ADDRESS (If rural, give location) <u>408 3rd St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hospital</u>				4. DATE (Month) (Day) (Year) OF DEATH <u>Feb. 13, 1956</u>					
3. NAME OF DECEASED (Type or Print) <u>JAMES</u>		a. (First)		b. (Middle)		c. (Last) <u>JOHNSTON</u>			
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>May 30, 1859</u>			
9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR <u>8</u> Months <u>14</u> Days		IF UNDER 1 HR. <u>0</u> Hours <u>0</u> Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Lauder Scotland</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired City Clerk</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Johnston</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Shiels</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Johnston (Dece)</u>			
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 <u>Miss Christine Johnston</u> ADDRESS <u>Monett, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>20 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis pneumonia</u>				DUE TO (b) <u>5 emboli</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>491X</u>					
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)		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>2-1-56</u> , 19 <u>56</u> , to <u>2-13-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>2-13-56</u> , 19 <u>56</u> , and that death occurred at <u>1:00 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Frank Kerr MD</u>				23b. ADDRESS <u>Monett Mo</u>			23c. DATE SIGNED <u>2-14-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/15/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-16-56</u>		REGISTRAR'S SIGNATURE <u>Mrs P. N. Cook</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. D. Buchanan Monett, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 256-27

DATE REC. 2-20-56

667

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 J. R. Buchanan  
Licensed Embalmer No. 3179

P. O. Address Monett 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.