300
48

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10136

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOUISIANA
c. LENGTH OF STAY (in this place): 44 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PIKE County Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PIKE
c. CITY OR TOWN: LOUISIANA
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 411 No. 7TH ST.

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle):
c. (Last): JOHNSTON

4. DATE OF DEATH (Month) (Day) (Year): MARCH 26 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB. 27, 1874
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSERYMAN
10b. KIND OF BUSINESS OR INDUSTRY: FRUIT
11. BIRTHPLACE (City and State or Foreign Country): FRANKFORD, Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOHN JOHNSTON
13b. MOTHER'S MAIDEN NAME: EMALIE JACKSON
14. NAME OF HUSBAND OR WIFE: ELIZABETH JOHNSTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: MRS. ELIZABETH JOHNSTON - LOUISIANA, MO

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Severe pyelonephritis with nephrosis and anuria. — 3 years

DUE TO (c) Terminal broncho-pneumonia — 1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ----

19a. DATE OF OPERATION: ----
19b. MAJOR FINDINGS OF OPERATION: ----
20. AUTOPSY? YES [ ] NO [XX]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 52, *to* 3/26/, 1956, *that I last saw the deceased alive on* 3/26/56, 19____, *and that death occurred at* 10:00 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas H Lemullen M.D.
23b. ADDRESS: Louisiana, Missouri
23c. DATE SIGNED: 3/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR. 26, 1956
24c. NAME OF CEMETERY OR CREMATORY: FRANKFORD CEM.
24d. LOCATION (City, town, or county) (State): FRANKFORD, MISSOURI

DATE REC'D BY LOCAL REG.: Mar. 26, 1956
REGISTRAR'S SIGNATURE: Bernice Collier
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Geo. M. Collier Louisiana, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. M. Collier

Licensed Embalmer No. 38

P. O. Address Louisi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.