

FILED AUG 15 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 236

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Baring <i>0990</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Length of stay in 1b	d. STREET ADDRESS R. F. D. (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle H. Last Johnston			4. DATE OF DEATH Month Aug. Day 10 Year 1956
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWER <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 27, 1872
9. AGE (In years last birthday) 83		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) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Clark Co., Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Johnston	
14. MOTHER'S MAIDEN NAME Na ncy L. Gillette		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X	
16. SOCIAL SECURITY NO. None		17. INFORMANT Mildred James, Kirksville, Mo.	
18. CAUSE OF DEATH [Enter only one cause for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Left Bundle Branch Block			INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Congestive Heart Failure			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION _____	COUNTY _____ STATE _____
21. I attended the deceased from Aug. 1, 1956 to Aug 10, 1956 and last saw ^{her} _{him} alive on Aug 10, 1956 Death occurred at 4:30A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. T. Rhoads D.O. (Degree or title)		22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 8-10-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/12/56	23c. NAME OF CEMETERY OR CREMATORY Bible Grove Cemetery	23d. LOCATION (City, town, or county) (State) Scotland County, Mo.
24. FUNERAL DIRECTOR Paul H. Riley ADDRESS Kirksville, Mo		25. DATE RECD. BY LOCAL REG. 8-11-56	26. REGISTRAR'S SIGNATURE Kate Lambert

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed

George W. Sawalt

Licensed Embalmer No. *479*

P. O. Address *Kirksville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.