

No. 300
10.48

FILED SEP 10 1956

STANDARD CERTIFICATE OF DEATH

State File No. 27751

740

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

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 4372 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>	
b. CITY OR TOWN <u>BURLINGTON JCT</u>		c. CITY OR TOWN <u>BURLINGTON JCT</u>	
c. LENGTH OF STAY (in this place) <u>10 YRS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		F. STREET ADDRESS (If rural, give location) _____ <u>0770</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>EPHRAM</u>	
c. (Last) <u>JOHNSTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 25 1956</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEPT 26, 1889</u>
9. AGE (In years last birthday) <u>66</u>		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) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>QUITMAN MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>GUS JOHNSTON</u>		13b. MOTHER'S MAIDEN NAME <u>HENRIETTA WOODS</u>	
14. NAME OF HUSBAND OR WIFE <u>EVA GRAHAM JCT. MO</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS EVE JOHNSTON</u> ADDRESS <u>BURLINGTON JCT MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal uremia</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES		DUE TO (b) <u>Advanced nephrosclerosis, advanced generalized arteriosclerosis, arteriosclerotic</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Cardio-vascular disease</u>	
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>		442X	
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>7/15/56</u> , 19 <u>56</u> , to <u>8/25/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8/25/56</u> , 19 <u>56</u> , and that death occurred at <u>1030 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. G. Medcomyer, MD</u>		23b. ADDRESS <u>Harris, Mo.</u>	
23c. DATE SIGNED <u>8/26/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>8-28-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OHIO CEMETERY - BURLINGTON JCT MO</u>	
24d. LOCATION (City, town, or county) _____ (State) _____		DATE REC'D BY LOCAL REG. <u>9-8-56</u>	
REGISTRAR'S SIGNATURE <u>Bess Hault</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. H. Burl. Jct Mo</u>	
ADDRESS _____		ADDRESS _____	

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.....

[Handwritten Signature]
Licensed Embalmer No. *2968*
P. O. Address *Dundee*

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.