

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

44571

FILED DEC 27 1956 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Washington</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Nevada</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. 2 - Nevada</u>				Length of stay in lb. <u>2 wks.</u>		d. STREET ADDRESS (If outside, give location) <u>Rt. # 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Johnston</u> Last <u>Johnston</u>						4. DATE OF DEATH Month <u>12</u> Day <u>10</u> Year <u>56</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Aug 21, 1896</u>		9. AGE (In years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital Attendant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>State Hosp #3</u>		11. BIRTHPLACE (City and state or country) <u>Rawnee County, Neb U.S.A.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wm M Johnston</u>						14. MOTHER'S MAIDEN NAME <u>Bebe Maxwell</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>492-12-6891</u>		17. INFORMANT <u>Shirley Johnston</u> Address <u>Rt. 2 Nevada</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>								INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>arteriosclerotic heart disease & coronary atherosclerosis & anginal syndrome</u>						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>July 5, 1956</u> to <u>Dec 10, 1956</u> and last saw him alive on <u>Dec 5, 1956</u> Death occurred at <u>6:15 p</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>James Harcoe MD</u> (Degree or title)					22b. ADDRESS <u>Nevada Mo</u>			22c. DATE SIGNED <u>Dec 14 1956</u>	
23a. BURIAL, CREMATION, RECOVERY (Specify)		23b. DATE <u>12-14-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Coal Hill Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Reda County, Mo</u>		
24. FUNERAL DIRECTOR <u>Surviv-Coroner - El Dorado Sp. No.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>12-17-1956</u>		26. REGISTRAR'S SIGNATURE <u>Anna J Ferry</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

On file

1961 8 2 AMM

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..... *Max W. Richering*

Licensed Embalmer No. *46*

P. O. Address *El Dorado*

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.