

Health,  
Welfare  
Public  
Service

300  
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No. symptoms will be listed. All standard nomenclature in item 18. No. symptoms will be listed. All standard nomenclature in item 18. No. symptoms will be listed. All standard nomenclature in item 18.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED MAR 14 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **5478**

Registration District No. **200** Primary Registration District No. **3041** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Macon</b> b. COUNTY <b>Macon</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Macon</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Atlanta</b> <b>0610</b> <b>0</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>121 McKay</b>			Length of stay in lb <b>3 Wks.</b>		d. STREET ADDRESS (If outside, give location) <b>R.F.D. Atlanta</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Oala</b> Middle <b>OWEN</b> Last <b>Johnston</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>25</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Oct. 14, 1878</b>		9. AGE (In years last birthday) <b>78</b> IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Macon County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Noah Johnston</b>				14. MOTHER'S MAIDEN NAME <b>Henretta Grimes</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No.</b>		17. INFORMANT Address <b>Mrs. Ellis Arnett</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>C. of Liver</b> DUE TO (b) <b>C. Metastatic to Stomach</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.(a) <b>Uremia et Secondary Anemia 1561</b>							INTERVAL BETWEEN ONSET AND DEATH <b>11 mo</b>
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.) <b>2</b>					
20c. TIME OF INJURY. Hour a. m. p. m.		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 <b>Sept 6 52</b> to <b>Feb 25-57</b> and last saw her alive on <b>2-25-57</b> Death occurred at <b>8:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>O. J. Nordubido</b> (Degree or title)				22b. ADDRESS <b>Atlanta</b>		22c. DATE SIGNED <b>2-27-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 28, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Tobor</b>		23d. LOCATION (City, town, or county) (State) <b>Atlanta Mo.</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Lester Hutton, Macon, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-1-57</b>		26. REGISTRAR'S SIGNATURE <b>Weth McNeely</b>		

(Licensed Embalmer's Statement on Reverse Side)

County File No. 54  
Date Filed 9-12-67

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 Billy H Binder Student Embalmer No. 54 working under my personal supervision.

Student Billy H Binder  
Signature of Student Embalmer

Signed Charles L. Hutto

Licensed Embalmer No. 4

P. O. Address Macon

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.