

FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **25194**

Registration District No. **170** Primary Registration District No. **3023** Registrar's No. **131**

1. PLACE OF DEATH a. COUNTY Laclede -		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LEBANON - FS non		c. CITY OR TOWN Dixon	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 175 Madison Rd. Knox Nursing Home		Length of stay in lb 4 months	d. STREET ADDRESS (If outside, give location) —
3. NAME OF DECEASED (Type or print) First Lucy Middle Rose Last Johnston			4. DATE OF DEATH Month 8 Day 3 Year 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/26/1868
9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months: Days:	IF UNDER 24 HRS. Hours: Min.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Miller County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME William Martin	13b. MOTHER'S MAIDEN NAME Ruah Setser	14. NAME OF HUSBAND OR WIFE Amos Y. Johnston	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mr. Ross H. Johnston, 2916 So. Chrysler Independence, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Viral Hypostatic Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardiac Decompensation DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 7 days 30 Min.
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 _____ 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 July 27, 1957 to Aug 3, 1957 and last saw her alive on Aug. 3, 1957 Death occurred at 7:45 P1 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O. Bohrer (Degree or title)		22b. ADDRESS D.O. 117 N. Jefferson, Lebanon, Mo.	22c. DATE SIGNED 8-6-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/6/1957	23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	23d. LOCATION (City, town, or county) (State) Miller County, Missouri
24. FUNERAL DIRECTOR Fred H. Gilbert, Dixon, Missouri	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-6-1957	26. REGISTRAR'S SIGNATURE Hella S. Hays

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Received 8-12-57

Laclede County Health Unit

File No. 131

Date Filed 8-12-57

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 Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address DIXON, MISSOURI.

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.