

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 27247

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		d. STREET ADDRESS 511 E. Maple	
3. NAME OF DECEASED (Type or print) Jacob Arotis Johnston		4. DATE OF DEATH July 3 1957	
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 1887 February 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Vetersburg, Indiana
13. FATHER'S NAME John Johnston		14. MOTHER'S MAIDEN NAME Julia	
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. 492-36-1581	17. INFORMANT John Edward Johnston
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute left Ventricular Failure			INTERVAL BETWEEN ONSET AND DEATH 10 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fracture Intertrochanteric, rt. & shock from injury			5 days
DUE TO (c) Chronic myocarditis, moderately decompensated for 6 months.			22
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 checked="" 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.) Allegedly struck by wife and knocked down at home injuring right hip.		
20c. TIME OF INJURY 4:30	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) At Home		
20e. CITY, TOWN, OR LOCATION Nevada	20f. COUNTY Vernon STATE Missouri		
21. I attended the deceased from June 28, 1957 , to July 3, 1957 and last saw him him alive on July 2, 1957 . Death occurred at Nevada, Mo. 1:55A.m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. B. Wray, M.D.		22b. ADDRESS Moore Bldg., Nevada, Mo.	
22c. DATE SIGNED 7-8-1957			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 5, 1957	23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery	23d. LOCATION (City, town, or county) (State) Nevada Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 7-10-1957	26. REGISTRAR'S SIGNATURE Anna E. Ferry

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 *L. Andrew Perry*.....

Licensed Embalmer No. *496*

P. O. Address *Merced*

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.