

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018911

STATE FILE NUMBER

FILED JUN 3 1958

Registration District No. 178

Primary Registration District No. 5660

Registrar's No. 37

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>KNOX</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dickerson Twp.</u>		c. CITY OR TOWN <u>NEWARK</u> 0520	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PRAIRIE VIEW</u>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <u>9 days</u>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>JENNIE B. JOHNSTON</u>			4. DATE OF DEATH Month Day Year <u>5 21 1958</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 25, 1876</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>KNOX Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>AL BARNES</u>	
13b. MOTHER'S MAIDEN NAME <u>ANNA SKAGGS</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT Address <u>Rest Home Records</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>Multiple baby injuries</u> DUE TO (b) <u>mental illness</u> DUE TO (c) <u>978X</u>	
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 <u>Instant</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Jumped from third floor window</u>		20c. TIME OF INJURY Hour Month, Day, Year <u>5-21-58</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rest Home</u>	
20f. CITY, TOWN, OR LOCATION <u>Prairie View Rest Home, Lewis, Mo.</u>		20g. COUNTY STATE	
21. I attended the deceased from _____, to _____, and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Earl A. Buckley, Coroner</u>		22b. ADDRESS <u>3 Canton, Mo.</u>	
22c. DATE SIGNED <u>5-23-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>May 25</u>	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY <u>3007 Newark</u>	
23d. LOCATION (City, town, or county) (State) <u>1-mile W. Newark Mo.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Thomas Ball, Ewing, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>5-26-'58</u>		26. REGISTRAR'S SIGNATURE <u>P.W. Jennings, M.D.</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. M. Cahill* .....

Licensed Embalmer No... *4905* .....

P. O. Address *Essex, N.* .....

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.