

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019285  
STATE FILE NUMBER

FILED JUN 3 1958 Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE. (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Humansville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Deaublan Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Sancti Memorial Hospital</u>		Length of stay in lb <u>5 days</u>	d. STREET ADDRESS (If outside, give location) <u>M. E. Deaublan</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Ieda</u> Middle <u>Victoria</u> Last <u>Johnston</u>			4. DATE OF DEATH Month <u>May</u> Day <u>21</u> Year <u>1958</u>		
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5. SEX <u>Female</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>Nov 28-1885</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u>3</u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and state or country) <u>Hickory Co, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Henry Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Suzan Roundtree</u>	14. NAME OF HUSBAND OR WIFE <u>J. E. Johnston</u>
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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>99-42-8582</u>	17. INFORMANT <u>J. E. Johnston - Deaublan, Mo</u>
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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>Chronic myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____	<u>4022</u>	
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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from <u>5/15/58</u> to <u>5/21/58</u> and last saw her alive on <u>5/21/58</u> Death occurred at <u>10:15</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE <u>R. M. Robinson</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Humansville, Mo.</u>	22c. DATE SIGNED <u>5/23/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-23-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Critsinger Cemetery</u>	23d. LOCATION (City, town, or county) <u>Hickory Co, Mo</u>
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24. FUNERAL DIRECTOR <u>Gilbert Hathaway - Wheatland, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>May 29, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Ralph Gordon, Registrar</u>
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Secretary, coroner, etc., must sign only statements or information in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

580

NOV 12 1964

### 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 *Chas. Gilbert F. Thawray*

Licensed Embalmer No. *4267*

P. O. Address *Tulsa, Okla. Mo.*

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.