

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022205  
State File No. ....

No. 300  
10-48

FILED JUL 8 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Montana</b> b. COUNTY <b>Unknown</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural - Prairie</b>		c. CITY OR TOWN <b>Livingston</b> <b>8250 8</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 days</b>		f. STREET ADDRESS (If rural, give location) <b>3 Miles East of Livingston</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Unity Villege</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Grace</b>	b. (Middle) <b>-----</b>	c. (Last) <b>Johnson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 23, 1958</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 18, 1896</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Livingston, Montana</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Everett</b>	13b. MOTHER'S MAIDEN NAME <b>Jessie Wittich</b>	14. NAME OF HUSBAND OR WIFE <b>Domonick Johnson</b>
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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) <b>No.</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Domonick Johnson, Livingstohn, Mont.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>In Heart Several times &amp; Heart</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Joseph A Owens Coroner</b>	23b. ADDRESS <b>1034 Realty Bldg</b>	23c. DATE SIGNED <b>6-23-58</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 23, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Livingston Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Livingston, Mont.</b>
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DATE REC'D BY LOCAL REG. <b>6-23-58</b>	REGISTRAR'S SIGNATURE <b>J. B. Langford</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Langsford Funeral Home</b>	ADDRESS
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(Licensee) Embalmer's Statement on Reverse Side  
**Lee's Summit, Missouri**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 18 1958

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 *N. B. Langsdorf*  
Licensed Embalmer No. *4964*  
P. O. Address *Lee's Summit*

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.