

Health,
& Welfare
Public
Health Service
900
S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

78-026625
STATE FILE NUMBER

Registration District No. 299 Primary Registration District No. 6028 Registrar's No. 15

FILED AUG 15 1958

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lesterville		c. CITY OR TOWN Lesterville ¹⁹⁰⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 mi. NW of Lesterville		d. STREET ADDRESS (If outside, give location) 5 mi. NW of Lesterville	
Length of stay in lb 15 yrs.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First PEARL Middle NAOMI Last JOHNSTON			4. DATE OF DEATH Month Aug. Day 3 Year 1958		
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5. SEX fem	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 10 Days 10	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) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Reynolds Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W. M. Smith	13b. MOTHER'S MAIDEN NAME Betty King	14. NAME OF HUSBAND OR WIFE Charles Johnston
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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) no	16. SOCIAL SECURITY NO.	17. INFORMANT Charles Johnston, Lesterville Mo.
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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) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 hrs. 10 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) diabetic	
	DUE TO (c) 260X	
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 Month, Day, Year 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 _____, to _____ and last saw her/him alive on _____
Death occurred at **12.00 noon** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. M. Fitzpatrick MD.	22b. ADDRESS Lesterville Mo.	22c. DATE SIGNED 8/7/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-5-58	23c. NAME OF CEMETERY OR CREMATORY Rayfield Cemetery	23d. LOCATION (City, town, or county) (State) Lesterville Mo.
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24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.	25. DATE RECD. BY LOCAL REG. 8/7/58	26. REGISTRAR'S SIGNATURE E. M. Fitzpatrick
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Annel White

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

750

Reynolds Co
8/13/1

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 *Lyle W. White*

Licensed Embalmer No. *4295*

P. O. Address *Orton, Pa*

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.