

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034384

STATE FILE NUMBER

FILED OCT 3 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9004

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN West Frankfort, Ill. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Children's Hospital, St. Louis, Mo.		Length of stay in 85 min	d. STREET ADDRESS (If outside, give location) 1303 East Fifth St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Alan Paul Johnston		4. DATE OF DEATH Month Day Year 9/16/58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/13/58
9. AGE (In years last birthday) 3		IF UNDER 1 YEAR Months 3 Days 3	IF UNDER 24 HRS. Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Taipei, Formosa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Richard Parker Johnston	
13b. MOTHER'S MAIDEN NAME Alice Ruscin		14. NAME OF HUSBAND OR WIFE none	
15. WAS RECEIVED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Ida Toibb 500 S. Kingshighway
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) diarrhea & dehydration Jejunojejunal intussusception CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) jejunojejunal intussusception DUE TO (c) 570.0		INTERVAL BETWEEN ONSET AND DEATH approx 1 wk ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Conventional heart disease (ostium primum)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from 9-16-58 to 9-16-58 and last saw her alive on 9-16-58 Death occurred at 8:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) J. N. Middleberry M.D.	
22b. ADDRESS 500 S. Kingshighway		22c. DATE SIGNED SEP 18 '58	
23a. BURIAL, CREMATION, REMOVAL REMOVAL	23b. DATE 9-17-58	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) West Frankfort Illinois
24. FUNERAL DIRECTOR STONE	ADDRESS WEST FRANKFORT ILL.	25. DATE RECD. BY LOCAL REG. SEP 18 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.

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 *Frank Trovoff*

Licensed Embalmer No. *4356*
P. O. Address *St Louis 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.