

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038733

STATE FILE NUMBER

298.33-F8

FILED DEC 9 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby		
b. CITY (If outside corporate limits, give-TOWNSHIP only) Town Kirksville		-Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Leonard		-Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) KIRKSVILLE 115 N. Elson St.			Length of stay in lb 2 days		d. STREET ADDRESS (If outside, give location) Route # 2
3. NAME OF DECEASED (Type or print) First RANDAL Middle DEAN Last JOHNSTON			4. DATE OF DEATH Month Nov. Day 28 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 8 1958		9. AGE (In years last birthday) 7 Months 20 Days 20 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY infant	11. BIRTHPLACE (City and state or country) Kirksville, Mo.		12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME Dean Johnston			14. MOTHER'S MAIDEN NAME Patricia Flynn		
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. No	17. INFORMANT Mrs Dean Johnston, Leonard, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation					INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) Muco-Purulent Plug in Trachea, from the right bronchial tube,
DUE TO (c) Bronchitis					50/X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) cold for two weeks, fluid found in left pleural cavity					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 _____ to _____ and last saw her alive on _____ Death occurred at App. 5:00a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Novak Foster (Degree or title) Coroner 3			22b. ADDRESS Kirksville, Mo.		22c. DATE SIGNED 11/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/30/58	23c. NAME OF CEMETERY OR CREMATORY Brethren Cemetery		23d. LOCATION (City, town, or county) (State) Shelby County Mo.	
24. FUNERAL DIRECTOR Novak Foster ADDRESS Kirksville, Mo.			25. DATE RECD. BY LOCAL REG. 11-30-58	26. REGISTRAR'S SIGNATURE Doris W. Ratliff	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Nova E. Foster*
Nova E. Foster
Licensed Embalmer No. 47
Kirksville, Mo
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.