Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043202
STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 14 Primary Registration District No. 5066 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Southwest Twp. — Inside Limits: Yes ☒ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): At Home — Length of stay in Ib: 50yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barton
c. CITY OR TOWN: Minden mines — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Star Route — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Mary Middle: Wesler Last: Johnston

4. DATE OF DEATH: Month: Dec Day: 23 Year: 58

5. SEX: Fe

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Jan-1-1875

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Beatrice Nebr.

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Joseph P. Wesler

13b. MOTHER'S MAIDEN NAME: Anna Newton

14. NAME OF HUSBAND OR WIFE: William P. Johnstone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Jake Johnston Address: Mindenmines, 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): Cancer of Stomach
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility 151X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10/19/58 to 12/22/58 and last saw her/him alive on 12/22/58
Death occurred at 11:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. G. Eddlemon (Degree or title) M.D.
22b. ADDRESS: Liberal Mo
22c. DATE SIGNED: 1/5/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-26-1958
23c. NAME OF CEMETERY OR CREMATORY: Nashville
23d. LOCATION (City, town, or county) (State): Nashville, Mo.

24. FUNERAL DIRECTOR: Chiles Funeral Home ADDRESS: Lamar Mo
25. DATE RECD. BY LOCAL REG.: Jan 8 1959
26. REGISTRAR'S SIGNATURE: Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Secretary, Edition, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 ..... Signed L. Gerald Berry
Signature of Student Embalmer

Licensed Embalmer No. 4203
P. O. Address Sheldon Mi

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.