Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-044603

STATE FILE NUMBER

FILED DEC 19 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 578

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN JOPLIN — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 101 McCoy — Length of stay in Hospital 70 YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY JASPER
c. CITY OR TOWN JOPLIN 0495 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 101 McCoy — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CLORA Middle — Last JOHNSTON

4. DATE OF DEATH Month DEC Day 3 Year 1958

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH AUG 15, 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 DOMESTIC

11. BIRTHPLACE (City and state or country) — ARKANSAS

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

13a. FATHER'S NAME SAMUEL GILBERT

13b. MOTHER'S MAIDEN NAME MANDA WILLIAMS

14. NAME OF HUSBAND OR WIFE WM (DECEASED)

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. —

17. INFORMANT MRS. EMILY HAMLIN Address JOPLIN, Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Broncho pneumonia — 2 weeks
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Blind 491 X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 2 X

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 11/20/58, to ____ and last saw her/him alive on 12/2/58
Death occurred at 1000 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L E Kilbane M.D. 2

22b. ADDRESS 521 W. 4th St., Joplin, Mo.

22c. DATE SIGNED 12/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE DEC 6, 1958

23c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM.

23d. LOCATION (City, town, or county) JOPLIN (State) MO

24. FUNERAL DIRECTOR Hurlbut Stone ADDRESS Joplin

25. DATE RECD. BY LOCAL REG. 12-12-58

26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1959

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 Dale Glover
Signature of Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin 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.