

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044674

STATE FILE NUMBER

FILED DEC 23 1958

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 79

300 /  
1-57

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFF</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DE SOTO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>DE SOTO</u> 0503 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>405 E. MILLER</u>		Length of stay in lb <u>10 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>405 E. MILLER</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>CARL</u> Middle <u>(NONE)</u> Last <u>JOHNSTON</u>			4. DATE OF DEATH Month <u>DEC</u> Day <u>11</u> Year <u>1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 7, 1892</u>
9. AGE (In years last birthday) <u>66</u>		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) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELE EMP</u>	11. BIRTHPLACE (City and state or country) <u>AUSTIN, TEXAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		13a. FATHER'S NAME <u>CARL JOHNSTON SR</u>	
13b. MOTHER'S MAIDEN NAME <u>EDITH MEYER</u>		14. NAME OF HUSBAND OR WIFE <u>ALICE JOHNSTON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-1234 79</u>	17. INFORMANT Address <u>405 E. MILLER DE SOTO, MO</u> <u>ALICE JOHNSTON</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Decompensated heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <u>chr. nephritis</u>			<u>years</u>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>592X</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>Aug 15 58</u> to <u>Dec 11 58</u> and last saw him alive on <u>Dec 1 58</u> Death occurred at <u>10 25 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>M. V. ...</u>		22b. ADDRESS <u>De Soto, MO</u>	22c. DATE SIGNED <u>Dec 13 58</u>
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>BURIAL</u>	23b. DATE <u>12/14/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>	23d. LOCATION (City, town, or county) (State) <u>DE SOTO MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>MAHN FUNERAL HOME DE SOTO MO</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 18-1958</u>	26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED  
DEC 20 1958

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 *Serald J. Mahur* .....  
Licensed Embalmer No. *4975* .....  
P. O. Address *Des Moines, Ia* .....

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.