

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008105

STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 337 Primary Registration District No. 6746 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>TAYLOR TOWNSHIP</u>		c. CITY OR TOWN <u>LEONARD</u> 10 20 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD 2 LEONARD</u>		d. STREET ADDRESS (If outside, give location) <u>RFD 2</u>	
Length of stay in lb <u>56 yrs</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>ANNA</u> <u>JOHNSTON</u>			4. DATE OF DEATH Month Day Year <u>JAN 25 1959</u>		
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT 22, 1864</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	11. BIRTHPLACE (City and state or country) <u>STERLING ILL</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>JOHN DETWILER</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA HERSHEY</u>	14. NAME OF HUSBAND OR WIFE <u>LAFAYETTE JOHNSTON</u>
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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>NONE</u>	17. INFORMANT Address <u>BYDIA LITTLETON LEONARD MO</u>
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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>Cardio renal vascular disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</u> years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>hypertension</u>		<u>years</u>
	DUE TO (c) <u>arteriosclerosis</u>		<u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>11/20 X</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year 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
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21. I attended the deceased from <u>8-30-58</u> to <u>1-25-59</u> and last saw her alive on <u>1-16-59</u> Death occurred at <u>10 30 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>Alvan R. Hull D.O.</u>	22b. ADDRESS <u>Clayton MO</u>	22c. DATE SIGNED <u>2-14-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-27-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MENONITE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>SHELBY COUNTY MO</u>
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24. FUNERAL DIRECTOR ADDRESS <u>GREENING CLARENCE MO</u>	25. DATE RECD. BY LOCAL REG. <u>2-16-59</u>	26. REGISTRAR'S SIGNATURE <u>Ada Garrison</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare, Public Service

300 -57

Doctor, coroner, etc. must use only standard non-removable form. 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 .....  
Signature of Student Embalmer

Signed *Charles V. Keenan* .....

Licensed Embalmer No. *4625* .....

P. O. Address *Chicago* .....

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.