Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008352
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Lamar — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Burk-Rest Home — Length of stay in Ib: 2 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barton
c. CITY OR TOWN: Lamar — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 703 Poplar — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: John Middle: — Last: Johnston
4. DATE OF DEATH: Month: March Day: 31 Year: 59
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐
8. DATE OF BIRTH: Jan 29 1870
9. AGE (In years last birthday): 89 — 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): Farmer, Retired
10b. KIND OF BUSINESS OR INDUSTRY: Own-Farm
11. BIRTHPLACE (City and state or country): Canada 2
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Robert Johnston
13b. MOTHER'S MAIDEN NAME: Don't Know
14. NAME OF HUSBAND OR WIFE: Cora Boles
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: Floyd Boles Address: Lamar 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): Natural Causes- Probably Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4281
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

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 _____ to _____ and last saw her/him alive on _____
Death occurred at 6:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Marie Kennedy (Degree or title): Local Registrar
22b. ADDRESS: Lamar, Missouri
22c. DATE SIGNED: Apr 1 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 2 59
23c. NAME OF CEMETERY OR CREMATORY: Howell Cemetery
23d. LOCATION (City, town, or county): Barton (State): Missouri

24. FUNERAL DIRECTOR: Clarence Cobb ADDRESS: Lamar MO
25. DATE RECD. BY LOCAL REG.: APR 1 - '59
26. REGISTRAR'S SIGNATURE: Marie Kennedy

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

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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 ...Clarence H. Chiles.....

Licensed Embalmer No. 3413

P. O. Address Lamar 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.