

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029789

FILED VS SEP 3 1959 209

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 260

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Monroe				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Length of stay in lb 40 Days		c. CITY OR TOWN Monroe City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 301 1st. Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Joseph Estes Johnston				4. DATE OF DEATH Month Day Year August 26, 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/21/1959	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 11 Days 3	IF UNDER 24 HR Hours 2 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood Worker			10b. KIND OF BUSINESS OR INDUSTRY Furniture etc.		11. BIRTHPLACE (City and state or country) Boone County Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Bingham Johnston			13b. MOTHER'S MAIDEN NAME Ella Estes			14. NAME OF HUSBAND OR WIFE Grace Johnston		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 494-10-5354		17. INFORMANT Address Mrs. Grace Johnston, Monroe City 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) Pulmonary embolism DUE TO (b) Thrombosis of the legs DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year						
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
21. I attended the deceased from 1 Aug 1959 to 26 Aug 1959 and last saw her/him alive on 26 Aug 1959 Death occurred at 6:30 a m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Wyned Hamlin M.D.				22b. ADDRESS Hannibal Mo.			22c. DATE SIGNED 8/28/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/28/1959	23c. NAME OF CEMETERY OR CREMATORY Monroe City Mausoleum		23d. LOCATION (City, town, or county) (State) Monroe City, Missouri			
24. FUNERAL DIRECTOR ADDRESS Harold Garner Monroe City Mo.				25. DATE RECD. BY LOCAL REG. 8-29-59		26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke By W. T. Fisher		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *David D...*

Licensed Embalmer No. 3720

P. O. Address Monroe City M

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.