

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016925

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3677**

FILED APR 25 1962

VS 300 Rev. 4/59	DATE AMENDED
1	
3	
4 0	
5 0	
6	
7 0	
8 1	
9 X	
10	
11 0.50	
12 58-3	
13	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN FESTUS	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DEACONESS HOSP.		d. STREET ADDRESS (If outside, give location) CC Highway, R. #3	
3. NAME OF DECEASED (Type or print) First JAMES Middle F. Last JOHNSTON		4. DATE OF DEATH Month APR. Day 6 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH! 7-9-42 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) FESTUS, MO.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME MORRIS C. JOHNSTON		13b. MOTHER'S MAIDEN NAME VIOLA E. EVANS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MORRIS C. JOHNSTON, FESTUS MO	
16. SOCIAL SECURITY NO.		14. NAME OF HUSBAND OR WIFE NEVER MARRIED	
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 Embolus; following in years suffered when car operated by deceased went out of control on Highway, near Cedar Hill Mo., Jefferson County, on March 18, 1962, about 2:45 AM.			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour 2:45 a.m. p.m. 3-18-62		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above	
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.) 45 Highway	
20f. CITY, TOWN, OR LOCATION Cedar Hill, Jefferson Co., Mo.		20g. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 1300 Oak	
22c. DATE SIGNED APR 7 1962		22d. LOCATION (City, town, or county) (State) CRYSTAL CITY MISSOURI	
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE 4-9-62	
23c. NAME OF CEMETERY OR CRYPTORY ROSELAWN		23d. LOCATION (City, town, or county) (State) CRYSTAL CITY MISSOURI	
24. FUNERAL DIRECTOR James R. Cady, Crystal City, Mo.		25. DATE RECD. BY LOCAL REG. APR 7 1962	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

USE BLACK INK OR TYPEWRITER RIBBON



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 James Richard Cady
Licensed Embalmer No. 4309

P. O. Address Crystal City, 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.