MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015778

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 50

FILED APR 23 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

6411
2 0410
3
4 1
5 1
6
7 2
8 2
9 480X
10
11
12 2-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bethany — Length of stay in 1b: 5 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Reid Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Harrison
c. CITY OR TOWN: Hatfield — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4 Mile NE Hatfield — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: ETHEL Middle: HELENA Last: JOHNSTON
4. DATE OF DEATH: Month: April Day: 12 Year: 1963
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-17-1885
9. AGE (last birthday): 77 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (City and state or country): Australia
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Charles Johnson
13b. MOTHER'S MAIDEN NAME: Elizabeth Unknown
14. NAME OF HUSBAND OR WIFE: David Johnston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates o): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: David Johnston — Address: Hatfield, Mo.

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): Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Influenza — 1 week
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Hypertrophic Arthritis and Debility
PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 4-7-63, to 4-12-63 and last saw her alive on 4-12-63
Death occurred at 3:18 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: G. H. Thomas (Degree or title) D.O.
22b. ADDRESS: Bethany, Missouri
22c. DATE SIGNED: 4-13-63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 14, 1963
23c. NAME OF CEMETERY OR CREMATORY: Payne Cemetery
23d. LOCATION (City, town, or county) (State): Harrison Co. Mo
24. FUNERAL DIRECTOR: Gerald W. Boggess — ADDRESS: Eagleville, Mo.
25. DATE RECD. BY LOCAL REG.: 4-14-1963
26. REGISTRAR'S SIGNATURE: Ozella Maxey

(Licensed Embalmer's Statement on Reverse Side)

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 Gerald W. Boggess

Licensed Embalmer No. 4762

P. O. Address Eagleville, 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.