

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28633  
Registrar's No. 12

Registration District No. 349 Primary Registration District No. 5-5-00

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Rural, Springfield Twsp.  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
In this community 12 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas A. Johnston 523  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Daniels Johnston 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Feb. 13 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 5 17 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Camden County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Boone Johnston  
13. Birthplace Boone County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thomas A. Johnston  
(b) Address R F D Calhoun, Missouri

17. (a) Burial (b) Date thereof 8-1-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Olivet Cemetery Henry County, Missouri

18. (a) Signature of funeral director Huston-Turner  
(b) Address Windsor, Missouri

19. (a) Aug-12-1940 (b) Mrs. Edith J. Simpson  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Rural, Calhoun  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. # 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1940 hour 10 minute 17 P.M.  
21. I hereby certify that I attended the deceased from Jan - 1940  
to July 30, 1940  
that I last saw him alive on May 30, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis  
Coronary Arteriosclerosis  
Other conditions: None  
(Include pregnancy within 8 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
1956 (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) [Signature]  
Address [Signature] Date signed 8-3-40

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1243

Date Filed 9-4-40

**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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

*Edell Hinton*

Licensed Embalmer No. 3391

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.**