

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010701

FILED VS. APR 11 1960 137

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 102 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Calhoun Mo.</i>	Length of stay in 1b <i>8 years.</i>	c. CITY OR TOWN <i>Calhoun Mo.</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>His Home, Highway J.</i>		d. STREET ADDRESS (If outside, give location) <i>Highway J.</i>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>ROBERT</i> Middle <i>B.</i> Last <i>JOHNSTON.</i>	4. DATE OF DEATH Month <i>March</i> Day <i>30</i> Year <i>1960</i>
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5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 9, 1878</i>	9. AGE (last birthday) <i>81</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Colleda Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13. FATHER'S NAME <i>Boone Johnston</i>	13b. MOTHER'S MAIDEN NAME <i>Nancy Ford</i>	14. NAME OF HUSBAND OR WIFE <i>Ida Bradley</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>unknown</i>	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Claude E. Johnston Oak Grove, Oregon</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Circulatory Collapse</i>		<i>Instant</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Coronary Occlusion</i>	<i>Instant</i>
	DUE TO (c) <i>Arteriosclerotic Heart Disease</i>	<i>20 years</i>
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 checked="" 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.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____

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.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from *30 March 1960* to *DOA* and last saw her *alive on DOA*.
Death occurred at *7:30* p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>William Smith MD</i>	22b. ADDRESS <i>Windsor, Mo.</i>	22c. DATE SIGNED <i>4/4/60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>	23b. DATE <i>April 3, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak Cemetery</i>	23d. LOCATION (City, town, or county) <i>Windsor Mo.</i>
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24. FUNERAL DIRECTOR <i>Allis M. Huston Windsor Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>April 7, 1960</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigman</i>
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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

Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.