

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015044

FILED VS MAY 2 1960

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 116

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>Windsor Mo.</i>		Length of stay in 1b <i>8 days</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>Windsor Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>Highway J.</i>	
3. NAME OF DECEASED (Type or print) First <i>ADA</i> Middle <i>LOUTISHA</i> Last <i>JOHNSTON</i>			4. DATE OF DEATH Month <i>APRIL</i> Day <i>15</i> Year <i>1960</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 17, 1880</i>	9. AGE (last birthday) <i>79</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Douglas County Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>
13a. FATHER'S NAME <i>Michal James Bradley</i>		13b. MOTHER'S MAIDEN NAME <i>Julia Lethco</i>		14. NAME OF HUSBAND OR WIFE <i>Robert B. Johnston</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	17. INFORMANT <i>Claude E. Johnston Oak Drive Ore</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Respiratory Failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs</i>		
DUE TO (b) <i>Cerebral Vascular Accident</i>			<i>9 days</i>		
DUE TO (c)					
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 <i>1-19-57</i> to <i>4-15-60</i> and last saw her ^{her} _{him} alive on <i>4-15-60</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Claude E. Johnston M.D.</i>			22b. ADDRESS <i>Windsor Mo.</i>		22c. DATE SIGNED <i>4-22-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>April 17, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Windsor Mo</i>		
24. FUNERAL DIRECTOR <i>Ellis M. Huston Windsor Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>April 25, 1960</i>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>		

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 W. L. Downing

Licensed Embalmer No. 5067

P. O. Address Windsor

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.