

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-1188981

496-36-50-20

7750 **66 0030508**  
STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7750**

DO NOT WRITE ON THIS STUB

AMENDED

1. PLACE OF DEATH a. COUNTY <b>FILED AUG 4 1966</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		Length of stay in 1b	c. CITY OR TOWN <b>ST. LOUIS</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VET ADM HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3111 PORTIS PLACE</b>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>A.</b> Last <b>JOHNSTON</b>		4. DATE OF DEATH Month <b>JULY</b> Day <b>22</b> Year <b>1966</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-13-90</b>
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <b>MINISTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>RETIRED</b>	9. AGE (last birthday) <b>76</b>
11. BIRTHPLACE (City and state or country) <b>SCOTT CO. MISSISSIPPI</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>FRANK JOHNSTON</b>		13b. MOTHER'S MAIDEN NAME <b>MELISSA BAREFOOT</b>	14. NAME OF HUSBAND OR WIFE <b>DOROTHY JOHNSTON</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>496-36-5020</b>	17. INFORMANT <b>DOROTHY JOHNSTON, WIFE, SEE 2 ABOVE</b>
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) <b>QUESTIONABLE MYOCARDIAL INFARCTION</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>DIABETIC GANGRENE; DIABETES</b>			
DUE TO (c) <b>ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE</b>			
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.) <b>260K</b>	
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. Attended the deceased from <b>7-26-65</b> to <b>7-22-66</b> and last saw him alive on <b>7-22-66</b>		Death occurred at <b>6:25 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Harry ROGERS</b> (Degree or title) <i>Harry Rogers MD</i>		22b. ADDRESS <b>MD VAH, ST. LOUIS, MISSOURI</b>	22c. DATE SIGNED <b>7-22-66</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>7/25/66</b>	23c. NAME OF CEMETERY OR CREMATORY <b>VALHALLA CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>BELLEVILLE, ILLINOIS</b>
24. FUNERAL DIRECTOR <b>MCLAUGHLIN'S 2301 LAFAYETTE AVE.</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 23 1966</b>	26. REGISTRAR'S SIGNATURE <i>Lois Smith, M.D.</i>

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

83

**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 R. Chapman*  
Licensed Embalmer No. 4550  
P. O. Address St. Louis 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.