

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0030595

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 208

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 22 1967

VS 300
Rev. 4/59

1 0425

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>		Length of stay in 1b <u>3 day,s</u>	c. CITY OR TOWN <u>Clinton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>828 E Franklin</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>L</u> Last <u>Johnston</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>11</u> Year <u>1967</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-27-1930</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plant Equip Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C.P.L.</u>	9. AGE (last birthday) <u>37</u> 11. BIRTHPLACE (City and state or country) <u>Independance Mo</u>
13a. FATHER'S NAME <u>LORNE JOHNSTON</u>		13b. MOTHER'S MAIDEN NAME <u>EVELYN F SMITH</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Betty Johnston Clinton Mo</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary meningioma</u> DUE TO (b) <u>Carcinomatous</u> DUE TO (c) <u>Primary adenocarcinoma left larynx</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>weeks</u> <u>12 mo.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Dx - Confirmed by Path. & Bronchial washing</u>			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.)	
20c. TIME OF INJURY Hour <u>6:25 p.m.</u> Month, Day, Year <u>8/11/67</u>		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 <u>2/3/66</u> to <u>8/11/67</u> and last saw ^{her} him alive on <u>8/11/67</u> Death occurred at <u>6:25 p.m.</u> <u>8/11/67</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James P. Clouse Sr.</u>		22b. ADDRESS <u>105. E. Ohio Clinton Mo.</u>	22c. DATE SIGNED <u>8-14-67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-14-67</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
24. FUNERAL DIRECTOR ADDRESS <u>Sickman & Dunning Clinton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug. 14, 1967</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Begum</u>

1967 F & 50V

AUG 23 1967

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 R. L. Dunning

Licensed Embalmer No. 4510

P. O. Address Clinton 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.

Permit returned 8-14-67
[Signature]