

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1166
STATE FILE NUMBER

Walker
FILED FEB 14 1957

Registration District No. 142 Primary Registration District No. 3336 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <i>Howell</i>			2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>SHANNON</i>		
b. CITY (If outside corporate limits, give ZIP Code only) OR TOWN <i>Mtn. View</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>WINONA</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <i>Franklin Memorial Hosp</i>		Length of stay in lb <i>1-4</i>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>NORMAN</i> Middle <i>Leo</i> Last <i>Johnston</i>			4. DATE OF DEATH Month <i>JAN.</i> Day <i>25</i> Year <i>1957</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 11-1951</i>	9. AGE (In years last birthday) <i>5</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <i>WINONA, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Jesse Johnston</i>			14. MOTHER'S MAIDEN NAME <i>Nancy Lindsey</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, cite war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>NANCY E. Johnston WINONA, Mo.</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>asphyxia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>aspiration of food</i> DUE TO (c) <i>vomiting while reclining</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>severe cerebral concussion, shock, fracture cervical spine</i>					INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i> <i>hours</i>
20a. ACCIDENT <input checked="" 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 _____ 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.) <i>highway (A-26)</i>		20f. CITY, TOWN, OR LOCATION COUNTY <i>Shannon</i> STATE <i>MO</i>	
21. I attended the deceased from <i>25 Jan 1957</i> to <i>25 Jan 1957</i> and last saw <i>him</i> alive on <i>25 Jan 1957</i> Death occurred at <i>7:15 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title): <i>[Signature]</i>			22b. ADDRESS <i>Willow Springs, MO</i>		22c. DATE SIGNED <i>2/5/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>1-28-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Zion</i>		23d. LOCATION (City, town, or county) (State) <i>WINONA, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>DUNCAN'S Mtn. View, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>2-8-57</i>		26. REGISTRAR'S SIGNATURE <i>Laura Mitchell</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 *Joe R. Duncan*

Licensed Embalmer No. *43*

P. O. Address *Mt. Zion*

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