

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12632
1613

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>42 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3516 Summit</u>				d. STREET ADDRESS (If rural, give location) <u>3205 Karnes Blvd.</u>				<u>3480</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u>			b. (Middle)			c. (Last) <u>Johnston</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1951</u>			5. SEX <u>F</u>			6. COLOR OR RACE <u>W</u>				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>			8. DATE OF BIRTH <u>Oct. 22, 1874</u>			9. AGE (In years last birthday) <u>76</u>		10. IF UNDER 1 YEAR Months Days		
11. BIRTHPLACE (State or foreign country) <u>Michigan</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>John Stabcock</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Vickery</u>			14. NAME OF HUSBAND OR WIFE <u>Edward C. Johnston</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>			16. SOCIAL SECURITY NO. <u>no</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cecil H. Wade, 3205 Karnes Blvd.</u>			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Lobar) Bilateral</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
			ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____						<u>490 hrs</u>	
			II. OTHER SIGNIFICANT CONDITIONS <u>Fractured Rt. hip</u>						<u>51 days</u>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-20-51</u> m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>fellow floor</u>				
22. I hereby certify that I attended the deceased from <u>6-16, 1951</u> , to <u>4-12, 1951</u> , that I last saw the deceased alive on <u>4-12, 1951</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Chester E. Lee</u> (Degree or title) <u>MD</u>					23b. ADDRESS <u>174 Plaza Time Bldg.</u>			23c. DATE SIGNED <u>4-13-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>			24b. DATE <u>4-13-51</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>			24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-13-51</u>			REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO. KANSAS CITY, MO.</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1899, June, 18th.
Journ of Hygiene

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
Student Embalmer

Signed *J. L. Butler*
Licensed Embalmer No. *4664*
P. O. Address *K.C. 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 this body is not embalmed, fact should be so stated above.