

FILED JUL 7 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20209**
2774

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) X 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's			

3. NAME OF DECEASED (Type or Print) a. (First) Mildred b. (Middle) A. c. (Last) Johnston			4. DATE OF DEATH (Month) (Day) (Year) June 29 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 26, 1906		9. AGE (In years last birthday) 45		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) De Soto, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HENRY Kluss		13b. MOTHER'S MAIDEN NAME Edith	
14. NAME OF HUSBAND OR WIFE Hugh Johnston		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Hugh Johnston ADDRESS De Soto, KS					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide		b. Respiratory Obstruction		2 days	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		c. (Underlying pathology study)			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) None				330h	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6/28/51** 19___, to **6/29/51** 19___, that I last saw the deceased alive on **6/29** 1951, and that death occurred at **4:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE C.G. Leitch MD (Degree or title)		23b. ADDRESS 1109 Prof. Bldg. Kansas		23c. DATE SIGNED 6/29/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 6-30-51		24c. NAME OF CEMETERY OR CREMATORY De Soto Cemetery	
24d. LOCATION (City, town, or county) (State) De Soto Johnson KS		25. FUNERAL DIRECTOR'S SIGNATURE H E Julien		ADDRESS #12 Olsthe	
DATE REC'D BY LOCAL REG. 6-30-51		REGISTRAR'S SIGNATURE Sheldine Holmes			

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

March 18

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 *Chester L. Flowering*.....

Licensed Embalmer No. *4569*.....

P. O. Address *Olatho, Kansas*.....

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.