

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44543**
5726

FILED JAN 27 1953

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

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City | |
| c. LENGTH OF STAY (In this place) 63 YEARS | | d. STREET ADDRESS (If rural, give location) 3040 Garfield | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital No. 1 | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Frank | b. (Middle) | c. (Last) Johnston | 4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 52 |
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| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH FEB-11-1886 | 9. AGE (In years last birthday) 66 | 10. KIND OF BUSINESS OR INDUSTRY (If done during most of working life, even if retired) CATTLE SALESMAN | 11. BIRTHPLACE (City and State or Foreign Country) CLINTON MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME ISAAC M. JOHNSTON | 13b. MOTHER'S MAIDEN NAME INEZ ETTA FASHA | 14. NAME OF HUSBAND OR WIFE MRS. MARY JOHNSTON |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. 496-01-8016 | 17. INFORMANT'S SIGNATURE OR NAME MRS. MARY JOHNSTON | ADDRESS 3040 GARFIELD KANSAS CITY, MO. |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse Alveolar Ca of Lung Primary | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21f. HOW DID INJURY OCCUR? |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |
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22. I hereby certify that I attended the deceased from **Dec. 22, 1952**, to **Dec. 25, 1952**, that I last saw the deceased alive on **Dec. 25, 1952**, and that death occurred at **3:55 P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE B. I. Burns (Degree or title) M.D. | 23b. ADDRESS 24th & Cherry | 23c. DATE SIGNED 12-26-52 |
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|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE DEC 29 1952 | 24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEM. | 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
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| DATE REC'D BY LOCAL REG. 12-29-52 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE H. Newcomer | ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Charles H. Stuckman

Licensed Embalmer No. 4560

P. O. Address KC 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.