V.S. No. 300
REV. 10.48

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

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

State File No. 9904

FILED APR 9 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1567

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4400 Bell St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 4400 Bell St.

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**3. NAME OF DECEASED** (Type or Print)
a. (First): JACOB
b. (Middle): EDGAR
c. (Last): JOHNSTON

**4. DATE OF DEATH** (Month) (Day) (Year): March 16, 1953

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Sept. 25, 1881
**9. AGE** (In years last birthday): 71 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Stationary Engineer
**10b. KIND OF BUSINESS OR INDUSTRY**: K.C. Club
**11. BIRTHPLACE** (City and State or Foreign Country): Guthrie, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Jacob Spears Johnston
**13b. MOTHER'S MAIDEN NAME**: Mollie Beazley
**14. NAME OF HUSBAND OR WIFE**: Mrs. Emma L. Johnston

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 345-09-8610
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Emma L. Johnston
**ADDRESS**: K.C. Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis with recent myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Symptoms about 2 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis — about 1 yr
Hemiplegia R side.
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**
**20. AUTOPSY?** YES ☐ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 4/10, 1953, *to* 3/16, 1953, *that I last saw the deceased alive on* 3/15, 1953 *and that death occurred at* 6:20 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: G. S. Moore
**(Degree or title)**: DO
**23b. ADDRESS**: 2810 W 45
**23c. DATE SIGNED**: 3/17/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 3/19/53
**24c. NAME OF CEMETERY OR CREMATORY**: Forest Hill Cemetery
**24d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

**DATE REC'D BY LOCAL REG.**: 3-18-53
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE**: GATES FUNERAL HOME
**ADDRESS**: K.C. KANSAS

(Licensed Embalmer's Statement on Reverse Side)

## 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 Jimmy L. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Mission, 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.