

STANDARD CERTIFICATE OF DEATH

State File No. 13441

FILED APR 20 1953

BIRTH NO. REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4066 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Caldwell 0130		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) Kingston		c. CITY (If outside corporate limits, write RURAL and give township) Kingston 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Alfred c. (Last) Hamilton Johnston			4. DATE OF DEATH (Month) (Day) (Year) 4 8 53		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept, 6 1861	9. AGE (In years last birthday) 91	10. UNDER 1 YEAR Month 7 Day 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and State or Foreign Country) Alexander, Pa.		12. CITIZEN OF WHAT COUNTRY? /

13a. FATHER'S NAME Thomas W. Johnston	13b. MOTHER'S MAIDEN NAME Harriet Shuey	14. NAME OF HUSBAND OR WIFE Mrs. Jennie Isenhart, Kingston, Mo.
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 AND NAME Mrs. Jennie Isenhart, Kingston, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia bronchial		INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS
	ANTECEDENT CAUSES Morbid 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 491X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Kingston Caldwell MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Jan**, 1948, to **4-7**, 1953, that I last saw the deceased alive on **4-7**, 1953, and that death occurred at **9P** m., from the causes and on the date stated above.

23a. SIGNATURE Frank R. Daley, MD	(Degree or title)	23b. ADDRESS Hamilton, Mo.	23c. DATE SIGNED APR 9 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-12-1953	24c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery	24d. LOCATION (City, town, or county) (State) Kingston, Missouri
DATE REC'D BY LOCAL REG. 4-16-53	REGISTRAR'S SIGNATURE Gladys Jones	25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark, Kingston, Mo.	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 1954

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.