

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1376

BIRTH NO. FILED FEB 1 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 243

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

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>26 YEARS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>127th BALTIMORE AVENUE</u>		d. STREET ADDRESS (If rural, give location) <u>412 WEST 47th STREET</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>A.</u>	c. (Last) <u>JOHNSTON</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>JAN. 14. 1954</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT-13-1870</u>	9. AGE (In years) (Month) (Day) <u>88</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 12 HRS. Hours <u>0</u> Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LOCKER ROOM CLERK</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Y. M. C. A.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHARLESTON ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ALISHA EMERY JOHNSTON</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA JANE TIENSMAN</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. LUCILLE W. JOHNSTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or date of service)	16. SOCIAL SECURITY NO. <u>498-30-4026</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LUCILLE W. JOHNSTON</u>	ADDRESS <u>412 W. 47th ST. KANSAS CITY MO.</u>
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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) <u>Shock &amp; Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>E 8127</u> <u>25</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Fractured Pibs Femur</u> <u>Pelvis Rt Femur Ruptured</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Glucosid &amp; Liver</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-14-54</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Pedestrian Struck by Bus</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rugh H. Owens</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>1036 Pinalto Blvd</u>	23c. DATE SIGNED <u>1-14-54</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 16. 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SEDALIA MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>1-16-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer's Sons</u> ADDRESS <u>1031 BRUSH CREEK KANSAS CITY MO.</u>
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**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 W. Bumpay*

Licensed Embalmer No. 4932

P. O. Address J. C. 10- 790.

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.