

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29753
State File No. _____
3860
Registrar's No. _____

FILED SEP 28 1955

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1012		Registrar's No. 3860	
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 town) KANSAS CITY		c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN KANSAS CITY		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6420 INDEP. AVE				e. STREET ADDRESS (If rural, give location) 6420 INDEP. AVE. 3050			
3. NAME OF DECEASED (Type or Print) a. (First) Hester			b. (Middle) LOA		c. (Last) JOHNSTON		4. DATE OF DEATH (Month) (Day) (Year) 9 2 55
5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH 2-5-1896		9. AGE (In years last birthday) 59	if UNDER 1 YEAR Months	if UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Linen Room		10b. KIND OF BUSINESS OR INDUSTRY Sew. Shop		11. BIRTHPLACE (City and State or Foreign Country) Miami Co. KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Crase		13b. MOTHER'S MAIDEN NAME HUEDA SCOTT		14. NAME OF HUSBAND OR WIFE WHITE D. JOHNSTON (Div)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 569-20-6651		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EVELYN GARVER 6420 INDEP. AVE			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial dilation				INTERVAL BETWEEN ONSET AND DEATH 12 HOURS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis				5 years	
		DUE TO (c)				4227-	
		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				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)			
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 6-1-55, 19 to 9-2-55, 19, that I last saw the deceased alive on Aug 20th, 1955 and that death occurred at 9:40 P.m., from the causes and on the date stated above.							
23. SIGNATURE W. T. HUBBARD, (Degree or title) Do.				23b. ADDRESS 104 1/2 W. Maple Independence, Missouri		23c. DATE SIGNED 9-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE SEPT 6, 1955	24c. NAME OF CEMETERY OR CREMATORY Louisville X.C. Co.		24d. LOCATION (City, town, or county) Louisville Kansas		(State)
DATE REC'D BY LOCAL REG. 9-3-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheil Funeral Home X.C. Co.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 25 1959

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.....
Signature of Student Embalmer

Signed *Thomas A. Sheil*.....

Licensed Embalmer No. *495*.....

P. O. Address *X. C. M.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.