

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8755

State File No. _____

FILED MAR 26 1956

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>257</u>			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>SEDGWICK</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>WICHITA</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURCKE HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>810 S</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHLOE</u> b. (Middle) <u>E</u> c. (Last) <u>JOHNSTON</u>			4. DATE OF DEATH (Month) <u>3</u> (Day) <u>18</u> (Year) <u>1956</u>						
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>JULY 1-1892</u>			
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, as if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WIFE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>1 BARNHART KANSAS</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>GEORGE HASWELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARY O'NEGGY</u>		14. NAME OF HUSBAND OR WIFE <u>BENJAMIN (DCE)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>KENNETH JOHNSTON, SPRINGFIELD MO</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sarcoma (fibros) of Buttock with pulmonary metastases</u> 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. <u>191X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
19a. DATE OF OPERATION <u>4/14/56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Sarcoma of Buttock (L)</u>				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) m.		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 <u>4/8</u> , 19 <u>55</u> to <u>3/18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/18</u> , 19 <u>56</u> , and that death occurred at <u>190 min.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Chas E. Zuehlentz MD</u>				23b. ADDRESS <u>609 Cherry</u>		23c. DATE SIGNED <u>3/20/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Deysman</u>		24d. LOCATION (City, town, or county) (State) <u>Wichita Co MO</u>			
DATE REC'D BY LOCAL REG. <u>3-21-56</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Ralph Bergman</u>		ADDRESS <u>Deysman MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *James W. Wain*

Licensed Embalmer No. *4650*

P. O. Address *Springfield*

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.