

**FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
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FILED VS OCT 26 1959

59-035566

STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 85

ENDED

1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell			
b. CITY (If outside corporate limits, give TOWNSHIP only) Cameron		Length of stay in 1b		c. CITY OR TOWN Kingston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Wilbur Johnston				4. DATE OF DEATH Month Day Year 10 13 1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-28-59	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer ret			10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (City and state or country) Kingston, Missouri		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Samuel Green Johnston			13b. MOTHER'S MAIDEN NAME Kate May McConnell		14. NAME OF HUSBAND OR WIFE Zora May Johnston		
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 Address Hugh W. Johnston, Kingston, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia DUE TO (b) Carcinoma of prostate with metastases DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 7 days <i>known for you</i> unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 1957 to Oct 13, 1959 and last saw him alive on Oct. 12, 1959 Death occurred at 4:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Howard Carter M.D.			22b. ADDRESS Hamilton, Mo. Howard Carter M.D.			22c. DATE SIGNED 10/15/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10-16-1959	23c. NAME OF CEMETERY OR CREMATORY Kingston Cemetery		23d. LOCATION (City, town, or county) (State) Kingston, Missouri			
24. FUNERAL DIRECTOR Cramer Clark, Kingston, Mo			25. DATE RECD. BY LOCAL REG. 10-19-59		26. REGISTRAR'S SIGNATURE Francis D Crawford		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

RECEIVED
2007 OCT 27

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 Ernest Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, Vt

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.