

FEDERAL BUREAU OF INVESTIGATION
FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040146

FILED VS NOV 3 0 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5493

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 19 days		c. CITY OR TOWN Mission		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6500 Reeds Road		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Lawrence Johnston				4. DATE OF DEATH Month Day Year 11th 14th 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 7-19-1894		9. AGE (last birthday) 65 yrs		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			10b. KIND OF BUSINESS OR INDUSTRY City Court		11. BIRTHPLACE (City and state or country) Concordia, Mo		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Frank Johnston			13b. MOTHER'S MAIDEN NAME Margaret Reace			14. NAME OF HUSBAND OR WIFE Dorothy Johnston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 10-5-17 to 9-18-19			16. SOCIAL SECURITY NO. -		17. INFORMANT Address VA Hospital Records, Kansas City, Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Pulmonary congestion and edema									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Infarction, brain									
DUE TO (c) Arteriosclerosis, cerebral arteries									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 checked="" type="checkbox"/> NO <input 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.) VA		20f. CITY, TOWN, OR LOCATION VA		COUNTY		STATE	
21. I attended the deceased from October 26, 1959 to November 14, 1959 Death occurred at 12:10pm on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>J. A. Turner</i>				(Degree or title)		22b. ADDRESS MD V.A. Hospital, Kansas City, Mo		22c. DATE SIGNED 11/14/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/15/1959	23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		23d. LOCATION (City, town, or county) Concordia Kansas		(State)		
24. FUNERAL DIRECTOR D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri				25. DATE RECD. BY LOCAL REG. 11-14-59		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF J. A. Turner M.D. MEDICAL CERTIFICATION

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 *Robert L. Tuller*

Licensed Embalmer No. 4818

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