

DEPT. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006369

FILED VS FEB 23 1960

770

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 770

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, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 65 years	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3422 Prospect Avenue		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3422 Prospect Avenue Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Eva Middle Mae Last Johnston			4. DATE OF DEATH Month February Day 7 Year 1960	
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/17/1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Clinton, Indiana	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME John Perry Johns	13b. MOTHER'S MAIDEN NAME Mollie Verigan	14. NAME OF HUSBAND OR WIFE Charles Johnston
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Kansas City Missouri Mr. Edgar R. Jones 3422 Prospect Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Myocardosis		INTERVAL BETWEEN ONSET AND DEATH 4 days 9 mos. 5 1/2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Mycardial Infarction	
	DUE TO (c) Coronary Sclerosis	
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 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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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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 Kansas City	COUNTY Missouri	STATE
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21. I attended the deceased from **Feb. 25 1949** to **Feb. 7 1960** and last saw her/him alive on **Feb. 6 1960**
Death occurred at **7:30 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>R. Glenn Elliott</i> (Degree or title)	22b. ADDRESS 1102 Grand K.C., Mo. 9 Feb 60	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/9/1960	23c. NAME OF CEMETERY OR CREMATORY Mount Washington	23d. LOCATION (City, town, or county) Kansas City Missouri
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24. FUNERAL DIRECTOR R. D. W. Newcomer Sons 1331 Brush Creek Blvd. Kansas City Missouri	25. DATE RECD. BY LOCAL REG. 2-9-60	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Glenn Elliott

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.