

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-023226

FILED VS. JUN 17 1960

149

Primary Registration District No. 1002 Registrar's No.

3076

STATE FILE NUMBER

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 53 yrs		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital				d. STREET ADDRESS (If outside, give location) 3348 Gillham Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LUCILE Middle GRIFFITH Last JOHNSON				4. DATE OF DEATH Month 6 Day 7 Year 1960			
5. SEX Female		6. COLOR OR RACE W		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8 25 92	
9. AGE (last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Saline County Mo		12. CITIZEN OF WHAT COUNTRY U. S. A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Domestic		13a. FATHER'S NAME Daniel Griffith	
13b. MOTHER'S MAIDEN NAME Florence Fisher				14. NAME OF HUSBAND OR WIFE William S. Johnston			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No, or unknown) (If yes, give yr or yrs of service) No				16. SOCIAL SECURITY NO. 487 01 7729		17. INFORMANT Address Mrs. Majorie Healey 3348 Gillham Rd	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia						INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastatic carcinoma of cervix						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 Feb. 10, 1960 to June 7, 1960 and last saw her live on June 7, 1960 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Albert J Decker M.D.				22b. ADDRESS Kansas City, Mo.		22c. DATE SIGNED 6-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6 10 1960		23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem. Chapels, Inc				25. DATE RECD. BY LOCAL REG. 6-8-60		26. REGISTRAR'S SIGNATURE Neva Trinchell	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Forest D. Golden

Licensed Embalmer No. 4714

P. O. Address KCMO

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