

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034114
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 173

FILED OCT 15 1962

VS 300
Rev. 4/59

1 6004

2 91502

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NORTH KANSAS CITY		Length of stay in lb 1 DAY	c. CITY OR TOWN KANSAS CITY 3- Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 914 EAST 14th AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2605 WEST 45 ST. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last John Roger JOHNSTON			4. DATE OF DEATH Month Day Year OCT. 9- 1962
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 8-19-03
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY AMERICAN CAN CO	9. AGE (last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) LA CYGNE, KAN.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John T. JOHNSTON		13b. MOTHER'S MAIDEN NAME IDA MAE LOFFMAN	14. NAME OF HUSBAND OR WIFE KATHERINE JOHNSTON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address 2605 W. 45 ST. KATHERINE JOHNSTON - KAN. CITY, KAN.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation by Hanging DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
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 checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 checked="" 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.) Amer Can Co	20f. CITY, TOWN, OR LOCATION No. Kansas City	COUNTY STATE Clay Mo
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. W. Newcomers (Degree or title) Coroner		22b. ADDRESS North Kansas City, Mo.	22c. DATE SIGNED 10/11/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-13-62	23c. NAME OF CEMETERY OR CREMATORY Pleasanton Cem.	23d. LOCATION (City, town, or county) (State) Pleasanton, Kans.
24. FUNERAL DIRECTOR D.W. Newcomers Sons - Kan. City		25. DATE RECD. BY LOCAL REG. 10-12-62	26. REGISTRAR'S SIGNATURE Marquette Judgens

USE BLACK INK OR TYPEWRITER RIBBON

OCT 16 1962

OCT 3 1962

OCT 19 1962

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 Martin D. Preston

Licensed Embalmer No. 5040

P. O. Address No. K, C, D. No.

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.