

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-038776

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5481

FILED NOV 9 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Fred H. Lundgren, M.D.

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) Kansas City		Length of stay in lb 50 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. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 6442 Baltimore Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ISADORE Middle C. Last JOHNSTON			4. DATE OF DEATH Month October Day 28 Year 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-30-1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 83
11a. BIRTHPLACE (City and state or country) Basehor, Kansas		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME John Swann		13b. MOTHER'S MAIDEN NAME Mary Linehan	14. NAME OF HUSBAND OR WIFE Claude N. Johnston
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. -	17. INFORMANT Miss Mary Johnston Address 6442 Baltimore
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerotic Ht. disease, Terminal			INTERVAL BETWEEN ONSET AND DEATH Unknown
DUE TO (b) Arrhythmia			3 yrs.
DUE TO (c) Cerebrovascular Imbalance			3 wks.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Septicemia severe Renal Arterial Atrophy Sclerosis			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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> 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 2-18-60 to 10-28-62 and last saw her ^{her} _{best} alive on 10-27-62 Death occurred at 7:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Fred H. Lundgren, M.D.</i> (Degree or title)		22b. ADDRESS 315 Nichols Rd.	22c. DATE SIGNED 10-29-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-31-62	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet
23d. LOCATION (City, town, or county) Kansas City, Missouri		(State)	
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar ADDRESS Woodland		25. DATE RECD. BY LOCAL REG. 10-29-62	26. REGISTRAR'S SIGNATURE <i>R. L. Long</i>

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Fred Lundgren
Plaza Med. Bldg.
Va 1-8833

Mon: 1:00 to 5:00

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

James E. Hackleman

Licensed Embalmer No. *MO*4573*

P. O. Address *Kansas City 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.