

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8463

1085

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1085</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u> c. LENGTH OF STAY (in this place) <u>45 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>312 South Oakley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Missouri</u> d. STREET ADDRESS (If rural, give location) <u>312 South Oakley</u>			
3. NAME OF DECEASED a. (First) <u>Matilda</u> b. (Middle) <u>Johnson</u> c. (Last) <u>Johnson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 6, 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 28, 1872</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>8</u> DAYS <u>8</u>		11. BIRTHPLACE (State or foreign country) <u>Reading, Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah A. Shadel</u>		14. NAME OF HUSBAND OR WIFE <u>Fred W. Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred W. Johnson 312 S. Oakley, KC</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart failure</u> ANTECEDENT CAUSES <u>Myocardial Infarction</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>General arterio-sclerosis</u> DUE TO (b) <u>4500</u> II. OTHER SIGNIFICANT CONDITIONS <u>Peripheral vascular disease</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	
19a. DATE OF OPERATION <u>10/31/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>He had a large, complicated atherosclerotic</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 1, 1948</u> , to <u>March 6, 1949</u> ; that I last saw the deceased alive on <u>March 4, 1949</u> , and that death occurred at <u>2:16 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. H. Allen</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>First National Bank, Independence, Mo.</u>		23c. DATE SIGNED <u>March 7, 1949</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>Mar. 8, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-9-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ott & Mitchell Indep. Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 3156

P. O. Address Indio, 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 this body is not embalmed, fact should be so stated above.