

FILED SEP 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27816

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5959 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY PLATTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (FAIR TWP.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PLATTE CITY Fair Rural	
c. LENGTH OF STAY (In this place) 1 HR.		d. STREET ADDRESS (If rural, give location) 4 miles W. of Platte City 0830	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Mi. W. of PLATTE CITY			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) G. c. (Last) JOHNSON			4. DATE OF DEATH (Month) (Day) (Year) AUG. 21, 1950		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 12, 1887	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days	IF UNDER 10 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY GEN'L. MDSE.	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME J.O. JOHNSON	13b. MOTHER'S MAIDEN NAME MINA J. FULCHER	14. NAME OF HUSBAND OR WIFE LILLIAN KENT
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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'S SIGNATURE OR NAME ADDRESS LILLIAN KENT, PLATTE CITY, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE TOM H. NEUBETT (Degree or title) CORONER	23b. ADDRESS PLATTE CITY, Mo.	23c. DATE SIGNED 8-22-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-23-50	24c. NAME OF CEMETERY OR CREMATORY PLATTE CITY CEM.	24d. LOCATION (City, town, or county) (State) PLATTE CITY, Mo.
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DATE REC'D BY LOCAL REG. 8-23-50	REGISTRAR'S SIGNATURE Alpha Roelins	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Polkins & Mitchell, Platte City, Mo.
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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.

Student
Student Embalmer

Signed Roland M. Giffey

Licensed Embalmer No. 4725

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