

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37091

FILED DEC 11 1950

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4773

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|---|---|--|--|
| 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, write RURAL and give township) OR TOWN Kansas City | c. LENGTH OF STAY (In this place) 10 Yrs | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | d. STREET ADDRESS (If rural, give location) 311 West 13th |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 311 West 13th. | | 311 West 13th | |

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|--|-----------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Lyle b. (Middle) C c. (Last) Johnson | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov 11 19 50 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 14, 1918 | | 9. AGE (In years last birthday) 32 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter | | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | 11. BIRTHPLACE (State or foreign country) Fulton Kansas | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME Paul B Johnson | | 13b. MOTHER'S MAIDEN NAME Hazel Amer | | 14. NAME OF HUSBAND OR WIFE Mrs Jean Johnson | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 11 | | 16. SOCIAL SECURITY NO. 488-16-0965 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Jean Johnson (Wife) 311 W13th | | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac dilatation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 4 1/2 |
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|--|--|---|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 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) | | |
| 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? | | |

22. I hereby certify that I attended the deceased from Pathologist, 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 Jaka H. Hill <i>Jaka H. Hill</i> | | (Degree or title) | 23b. ADDRESS M-2, 03001 Myanda Dr. KCPMA 13/WJS | | 23c. DATE SIGNED 11/14/50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 11/14/50 | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) Lane Kansas | |

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|--------------------------------------|---|--|--|--|----------------------------|
| DATE REC'D BY LOCAL REG. 11-13-50 | REGISTRAR'S SIGNATURE Veraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Roben | | ADDRESS 20 West Linwood |
|--------------------------------------|---|--|--|--|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 1 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

W. J. Ward

Signed.....
Student Embalmer

Licensed Embalmer No. 3991

P. O. Address 308 E. 68th St

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.