

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28430

FILED AUG 22 1952

BIRTH NO. _____		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> <u>0480</u> <u>4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>KANSAS</u>)		c. LENGTH OF STAY (In this place) <u>50 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS City - Rural</u>		d. STREET ADDRESS (If rural, give location) <u>1441 INDEPENDENCE Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9001 WALNUT STREET MONICAS NURSING HOME</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>E. MYRTLE</u>			b. (Middle) _____		c. (Last) <u>JOHNSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-10-1952</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>FEBRUARY 1, 1876</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>BLUE MOUND, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>SAMUEL JOHNSON</u>			13b. MOTHER'S MAIDEN NAME <u>ELSIE KELLEY</u>		14. NAME OF HUSBAND OR WIFE _____		
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>MRS. JOHN KARGES, 403 E. MEYER, K.C. MO.</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>Cerebral Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>years</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u> <u>years</u> 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 <u>334 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>9-14</u> , 1951, to <u>8-10</u> , 1952, that I last saw the deceased alive on <u>8-8</u> , 1952, and that death occurred at <u>5:30 PM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm W. Hart MD</u>				23b. ADDRESS <u>1305 Brookside Plaza Kansas City Mo</u>		23c. DATE SIGNED <u>8-11-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8/12/52</u>		REGISTRAR'S SIGNATURE <u>Dr. Anne G. Hedger</u>		136-025 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. H. Newcomer's Sons, Kansas City, Mo.</u>			

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

4305 Brookfield Plaza
JN-94406

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 Albert L. Savary

Licensed Embalmer No. 4812

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 this body is not embalmed, fact should be so stated above.