

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31693

State File No. 4119

No. 300  
10. 48

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

|  |   |  |   |   |  |   |  |
|--|---|--|---|---|--|---|--|
| BIRTH NO. _____  |   | REG. DIST. NO. <u>149</u>  |   | PRIMARY REG. DIST. NO. <u>1002</u>  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>   |   | c. LENGTH OF STAY (In this place)<br><u>Unknown</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>2215 Flora</u>                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>General Hospital #2</u>  |   |  |   | 3325  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Walter</u>   |   |  | b. (Middle) _____   |   | c. (Last) <u>Johnson</u>                               |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>9 16 52</u> |
| 5. SEX<br><u>Male 2</u>  | 6. COLOR OR RACE<br><u>Negro</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed 2</u>                             | 8. DATE OF BIRTH<br><u>7- -64</u>   |   | 9. AGE (In years last birthday)<br><u>88</u>           | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 48 HRS.<br>Hours Min.                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Unknown</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY _____  |   | 11. BIRTHPLACE (State or foreign country)<br><u>New Market, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>America</u>                                      |  |
| 13a. FATHER'S NAME<br><u>Doc Johnson</u>   |   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Martha -</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>? -</u>              |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No</u>   | 16. SOCIAL SECURITY NO.<br>_____  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>L. C. Johnson, 1329 E. 13th St.</u> |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>Infarction of myocardium</u>   | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br><u>Arteriosclerotic coronary thrombosis.</u><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4201</u> |  |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH                           |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION  |  |   |   |  | 20. AUTOPSY?<br>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) (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 <u>9-15-52</u> , 19 <u>  </u> , to <u>9-16-52</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>9-16-52</u> , 19 <u>  </u> , and that death occurred at _____ m., from the causes and on the date stated above. |   |  |   |   |  |   |  |
| 23a. SIGNATURE <u>E. Frank Hais MD</u> (Degree or title)   |   |  |   | 23b. ADDRESS<br><u>600 East 22nd St.</u>  |  | 23c. DATE SIGNED<br><u>9-18-52</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)  |   | 24b. DATE<br><u>9-19-1952</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Blue Ridge Lawn</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo.</u>            |  |
| DATE REC'D BY LOCAL REG.<br><u>9-19-52</u>   |   | REGISTRAR'S SIGNATURE<br><u>Heraldine Holmes</u>   |   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>[Signature]</u> |   | ADDRESS<br><u>1918 Truman Rd.</u>                          |

(Licensed Embalmer's Statement on Reverse Side)

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

*J. F. Ramsey*

Licensed Embalmer No. 4081

P. O. Address A. O. 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.