

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9900

FILED APR 9 1953  
BIRTH NO. 8665 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1494

1. PLACE OF DEATH a. COUNTY Jackson Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson Co					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital		d. STREET ADDRESS (If rural, give location) 3923 Windsor 30880			
3. NAME OF DECEASED (Type or Print) Bennett Louis Johnson			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH 3 13 1953		5. SEX M		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby		8. DATE OF BIRTH 1-24-53	
9. AGE (In years last birthday) 1 19		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Research Hospital, K. C. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Wm. Johnson			13b. MOTHER'S MAIDEN NAME Harriet Ameson			14. NAME OF HUSBAND OR WIFE			
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 Wm. Johnson, 3923 Windsor, K.C. Mo				ADDRESS	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital HEART Disease				INTERVAL BETWEEN ONSET AND DEATH	
				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				7544	
				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 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 3-8, 1953, to 3-13, 1953, that I last saw the deceased alive on 3-13, 1953, and that death occurred at 5:45 pm., from the causes and on the date stated above.									
23a. SIGNATURE H. M. Gilkey				(Degree or title) M.D.O		23b. ADDRESS 1624 Prof Pl		23c. DATE SIGNED 3/14/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-15-53		24c. NAME OF CEMETERY OR CREMATORY Sheffield		24d. LOCATION (City, town, or county) Kansas City, Mo		(State)	
DATE REC'D BY LOCAL REG. 3-14-53		REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE Louis Fun'l Home		ADDRESS K.C. Mo.		

(Licensed Embalmer's 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.

Student .....  
Student Embalmer

Signed Guy Ruffington

Licensed Embalmer No. 027576

P. O. Address N. C. 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.