

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21609**
2814

FILED JUN 29 1953

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 2 1/2 YEARS		d. STREET ADDRESS (If rural, give location) 3247 Gilham Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 1			

3. NAME OF DECEASED (Type or Print) Clarence		a. (First) Clarence		b. (Middle) Fred		c. (Last) Johnson		4. DATE OF DEATH (Month) (Day) (Year) June 2 53	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 1-14-85		9. AGE (in years last birthday) (Specify) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CLERK			10b. KIND OF BUSINESS OR INDUSTRY FURNITURE STORE			11. BIRTHPLACE (City and State or Foreign Country) NEOSHO, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME ROBERT N. JOHNSON		13b. MOTHER'S MAIDEN NAME EMMA DOLLY		14. NAME OF HUSBAND OR WIFE _____	
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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 GUY MEMORRIS		ADDRESS 3427 GILHAM K.C. MO	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of esophagus with recent esophagectomy and esophago-gastrostomy		esophagectomy and esophago-gastrostomy				1507	
*This does not mean the mode of dying, such as heart failure, ashenia; etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) _____	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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 checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **May 13**, 19 **53**, to **June 2**, 19 **53**, that I last saw the deceased alive on **June 2**, 19 **53**, and that death occurred at **12:25a.**, from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title)		23b. ADDRESS 24th & Cherry Sts.		23c. DATE SIGNED 6/2/53	
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24a. BURIAL CREMATION (Specify) BURIAL		24b. DATE 6-4-53		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY		24d. LOCATION (City, town, or county) (State) NEOSHO, MISSOURI	
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DATE REC'D BY LOCAL REG 6-4-53		REGISTRAR'S SIGNATURE Heraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D. U. Deaconess Sons		ADDRESS 1331. BERRY CREEK	
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(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

Charles H. Steinhilber

Licensed Embalmer No.

24560

P. O. Address

Perino

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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