

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43289

State File No. _____

FILED JAN 8 1954

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 479

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 OR TOWN Independence)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 43rd and Crysler	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitorium			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) JOHANN			4. DATE OF DEATH Dec 19, 1953 (Month) (Day) (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 19, 1952		9. AGE (In years last birthday) 1 If under 1 year: Months Days Hours Mins.
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) Kansas City, Mo.	
12. CITIZEN OF WHAT COUNTRY? U S					

13a. FATHER'S NAME Peter J. Johann	13b. MOTHER'S MAIDEN NAME Dolores M. Doggs	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Peter J. Johann ADDRESS 43rd and Crysler Indep, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Infectious Diarrhea		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastroenteritis 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 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?
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22. I hereby certify that I attended the deceased from 12-17, 1953, to 12-19, 1953, that I last saw the deceased alive on 12-19, 1953, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. H. Rockwell M.D.	23b. ADDRESS 11037 Winnon Rd.	23c. DATE SIGNED 12-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-21-53	24c. NAME OF CEMETERY OR CREMATORY St. Marys	24d. LOCATION (City, town, or county) (State) Kansas City MO.
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DATE REC'D BY LOCAL REG. 12-21-53	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

02.3900

FEB 23 1955

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 Melvin Barton

Licensed Embalmer No. 4903

P. O. Address KC 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.