

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3525**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Heights</u> )		c. CITY OR TOWN <u>Independence</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>503 E. Main St.</u> <u>8158</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leroy</u> b. (Middle) <u>L.</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1954.</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 29, 1885.</u>
9. AGE (In years last birthday) <u>68.</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas, /</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Frank Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys Johnson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>Nil.</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gladys Johnson Independence, Kansas,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anterisclerosis</u> INTERVAL BETWEEN ONSET AND DEATH, <u>Indefinite</u> ANTECEDENT CAUSES <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Stroke</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>have</u>	
19a. DATE OF OPERATION <u>have</u>	19b. MAJOR FINDINGS OF OPERATION <u>have</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>331X</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>have</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>have</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>have</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>have</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>have</u>	
22. I hereby certify that I attended the deceased from <u>1-13</u> , 19 <u>54</u> , to <u>1-14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1-13</u> , 19 <u>54</u> , and that death occurred at <u>10 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Albert H. Hoppe M.D.</u>		23b. ADDRESS <u>539 N. Grand St.</u>	23c. DATE SIGNED <u>1-14-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-14-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Independence, Kansas.</u>
DATE REC'D BY LOCAL REG. <u>1-14-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>	

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

FILED Paul  
JAN 26 1954

No. 800  
10-48

605

JAN 27 1958

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.....  
Signature of Student Embalmer

Signed *John S. Henne*.....  
Licensed Embalmer No. *419*.....  
P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.