

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4900

State File No.

443

FILED FEB 18 1954

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

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 43 YEARS d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. STREET ADDRESS (If rural, give location) 5140 WALDRON AVENUE	
3. NAME OF DECEASED (Type or Print) a. (First) TODD b. (Middle) WILLIAM c. (Last) JOHNSON		4. DATE OF DEATH (Month) (Day) (Year) JAN. 26, 1954	
5. SEX D	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 20, 1891
9. AGE (In years) (Months) (Days) 62		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUDITOR	
10b. KIND OF BUSINESS OR INDUSTRY U.S. GOVERNMENT		11. BIRTHPLACE (City and State or Foreign Country) MERRIAM, KANSAS	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME FRANCIS M. JOHNSON	
13b. MOTHER'S MAIDEN NAME HANNA RAMBEY		14. NAME OF HUSBAND OR WIFE AGNES WOOD JOHNSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I.		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME MRS. AGNES WOOD JOHNSON		ADDRESS 5140 WALDRON AVENUE - MERRIAM, KANSAS, MISSOURI	
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.			INTERVAL BETWEEN ONSET AND DEATH 154 1/2
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of the rectum 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	
19a. DATE 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)	
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>Jan 17, 1954</u> to <u>Jan 26, 1954</u>, that I last saw the deceased alive on <u>Jan 26, 1954</u>, and that death occurred at <u>6:00 P. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE H. C. Trappe (Degree or title) M.D.		23b. ADDRESS 1014 Angell Blvd	
23c. DATE SIGNED 1/27/54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE JAN. 29, 1954		24c. NAME OF CEMETERY OR CREMATORY PLEASANT VIEW CEMETERY	
24d. LOCATION (City, town, or county) (State) SHAWNEE KANSAS		25. FUNERAL DIRECTOR'S SIGNATURE W. A. Neumann's Sons	
DATE REC'D BY LOCAL REG. 1-28-54		REGISTERAR'S SIGNATURE Geraldine Smith	
ADDRESS 1381 CROWN CREEK BLVD.		ADDRESS W. A. Neumann's Sons, Kansas City, Missouri	

1217

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 Clare V. Carr Jr.

Licensed Embalmer No. 4924

P. O. Address K.C. 10 Mo

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

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