

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23276**
Registrar's No. **156**

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572**

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 Rural-Prairie		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Prairie	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dongview Farm		d. STREET ADDRESS (If rural, give location) Longview Farm	

3. NAME OF DECEASED (Type or Print)	a. (First) Lawrence	b. (Middle) Raphael	c. (Last) Johnson	4. DATE OF DEATH (Month) (Day) (Year)	July 24, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 10, 1909	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffer	10b. KIND OF BUSINESS OR INDUSTRY Private	11. BIRTHPLACE (State or foreign country) Lee's Summit, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Thomas Johnson	13b. MOTHER'S MAIDEN NAME Maude Cleveland	14. NAME OF HUSBAND OR WIFE Mary Eva Johnson
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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. 486-09-3444	17. INFORMANT'S SIGNATURE OR NAME Mary Eva Johnson ADDRESS Lee's Summit, 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, asthma, 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) Drowning		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Barbiturate Poisoning		

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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. C. ...	23b. ADDRESS 4058 Broadway St. ...	23c. DATE SIGNED 7-24-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 26, 54	24c. NAME OF CEMETERY OR CREMATORY Lee's Summit	24d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri
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DATE REC'D BY LOCAL REG. 7-25-54	REGISTRAR'S SIGNATURE N. B. ...	25. EMERALD DIRECTOR'S SIGNATURE W. C. ... ADDRESS Lee's Summit
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12/10/24 ed

NOV 2 1957

NOV 10 1957

AUG 9

AUG 5

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 *B. J. Lindley*

Licensed Embalmer No. *4822*

P. O. Address *Deer Summit*

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.