

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27412**
4018

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

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

| | | | |
|--|--------------------------------------|---|---|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). | |
| a. COUNTY JACKSON | | a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY | | c. CITY OR TOWN Independence | |
| c. LENGTH OF STAY (in this place) 4 months | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street, address or location) HOSPITAL OR INSTITUTION: 3240 Norledge | | e. STREET ADDRESS (If rural, give location) 119 South Pearl 7001 | |
| 3. NAME OF DECEASED | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| a. (First) Howard b. (Middle) Allen c. (Last) JOHNSON | | Aug. 17 1954 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 20 1870 |
| 9. AGE (in years last birthday) 83 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | |
| 11. BIRTHPLACE (City and State or Foreign Country) Brain Valley Mo | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Warren Allen Johnson | | 13b. MOTHER'S MAIDEN NAME Permelia Jane Purins | |
| 14. NAME OF HUSBAND OR WIFE Mrs. Josie A. Johnson | | 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. 493-26-3255 | | 17. INFORMANT'S SIGNATURE OR NAME Josie A. Johnson | |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) | | 18. MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs | |
| ANTECEDENT CAUSES | | 3 yrs | |
| DUE TO (b) arteriosclerosis | | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | 4500 | |
| 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) | | 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 4-17-54 to 8-17-54, that I last saw the deceased alive on 8-17-54, and that death occurred at 7:30 a.m., from the causes and on the date stated above. | | | |
| 23. SIGNATURE Frank Paul Laurencano (Degree or title) | | 23b. ADDRESS 428 South Whiteami | |
| | | 23c. DATE SIGNED 8-17-54 | |
| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | | 24b. DATE Aug 19 1954 | |
| 24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery | | 24d. LOCATION (City, town, or county) (State) Independence MO. | |
| DATE REC'D BY LOCAL REG. 8-19-54 | | REGISTRAR'S SIGNATURE Sheraldine Smith | |
| | | 25. FUNERAL DIRECTOR'S SIGNATURE Dixon & Ripley | |
| | | ADDRESS 214 N. Spring Independence MO. | |

APR 12 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
Signature of Student Embalmer

Signed *John R. Sedmo*

Licensed Embalmer No. 45

P. O. Address *Kansas*

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.