

33959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 27 1954

69734-54

BIRTH NO. 1172 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4685

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte		
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 18 days		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake Side Hospital			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
			e. STREET ADDRESS (If rural, give location) 6930 Berry Rd.		

3. NAME OF DECEASED (Type or Print) a. (First) Ronnie b. (Middle) Lee c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) October 7 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	
8. DATE OF BIRTH Sept. 19 1954		9. AGE (In years last birthday) 18 days		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) Baby			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Bill Johnson		13b. MOTHER'S MAIDEN NAME Dora Harris		14. NAME OF HUSBAND OR WIFE None	
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 ADDRESS Bill Johnson (Father) KC Ks.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) malnutrition DUE TO (c) Pressure injury II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gastrochesis			INTERVAL BETWEEN ONSET AND DEATH 1 day 17 days 7562
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19a. DATE OF OPERATION 9/19/54		19b. MAJOR FINDINGS OF OPERATION Gangrene of bunches of terminal ileum		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 9/19, 1954, to 10/7, 1954, that I last saw the deceased alive on 10/6, 1954, and that death occurred at 9:42 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. M. Pierce (Degree or title) _____		23b. ADDRESS Turner, Kansas		23c. DATE SIGNED 10/18/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 8 1954		24c. NAME OF CEMETERY OR CREMATORY Bevier, Missouri	
24d. LOCATION (City, town, or county) (State) _____					

DATE REC'D BY LOCAL REG. 10-8-54		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.