

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4881
361

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>65 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>4332 Fairmount</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4332 Fairmount</u>				718					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANNIE</u>		b. (Middle) <u>VICTORIA</u>		c. (Last) <u>JOHNSON</u>			
4. DATE OF DEATH		(Month)		(Day)		(Year)			
		<u>Jan.</u>		<u>25,</u>		<u>1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 5, 1870</u>			
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 2 HRS.		IF UNDER 24 HRS.			
<u>85</u>		Months		Days		Hours			
						Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Maryland - Baltimore</u>			
						12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Richard Gornall</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Theodore Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>493-12-2430</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robert Gornall, 1850 Logan, Salt Lake City, Utah</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, ashenia, 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) <u>Carcinomatosis of lung</u>				DUPLICATE					
ANTECEDENT CAUSES				DUPLICATE					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Carcinoma of Cecum</u>					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				DUPLICATE					
Conditions contributing to the death but not related to the disease or condition causing death.								<u>153 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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 _____, 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 <u>Jack H. Hill</u> (Degree or title)				23b. ADDRESS <u>W.H. 3001 Wyandotted St. C.B. No. 25 Jones</u>				23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-28-55</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Memorial Park</u>			24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
24a.		24b.		24c.			24d.		
DATE REC'D BY LOCAL REG. <u>1-26-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u>			ADDRESS <u>K.C.M.O.</u>	

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

Dr. Richard H. Benker
4000 Baltimore
Lo 5800

Exp 2 M

After 11:30

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address N.C. 720

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.