

No. 300  
10-48

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33309**  
**4395**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>20 years</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			
e. STREET ADDRESS (If rural, give location) <b>2911 E. 26TH STREET</b>			

3. NAME OF DECEASED (Type or Print) <b>JOSEPH</b>	a. (First)	<b>D.</b>	b. (Middle)	<b>JOHNSON</b>	c. (Last)	4. DATE OF DEATH <b>October 11, 1955</b>	(Month) (Day) (Year)
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 17, 1922</b>	9. AGE (In years last birthday) <b>33</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>In Army 1944-1955</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS CITY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Rocille Williams</b>	14. NAME OF HUSBAND OR WIFE (deceased) <b>Blanche Johnson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	(If yes, give war or date of service) <b>PL 28</b>	16. SOCIAL SECURITY NO. <b>490 18 0822</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital Official Records, K. C. Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema, congestion of lungs, broncho-pneumonia, Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks 2 months</b>  <b>4 1/2</b> <b>2 to 4</b> <b>w weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignant necrotizing arteriolitis, generalized</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>Infarcts, myocardium Hypertrophy of heart</b> 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDES (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) <b>VA</b>	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 **September 12, 1955** to **Oct. 11, 1955**, that I first saw the deceased **when he was admitted to the hospital** and that his death occurred at **11:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <sup>o</sup> <b>GUIDO PODRECCA, M.D. Guido Podrecca</b>	23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	23c. DATE SIGNED <b>10/12/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/17/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Ft. Leavenworth, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>10-13-55</b>	REGISTRAR'S SIGNATURE <b>neva munsell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>O. E. Davis</b>	ADDRESS <b>1415 Truman</b>
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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.....  
*C. E. Davis*

Licensed Embalmer No. *44*

P. O. Address *1415*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.