

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40664

5535

BIRTH NO. 87735-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5535

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) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>507 W. 88</b>	<b>3008</b>

3. NAME OF DECEASED (Type or Print) a. (First) <b>INFANT PETER</b> b. (Middle) c. (Last) <b>JOHNSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-18-55</b>		
5. SEX <input checked="" type="checkbox"/> <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>12-18-55</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>4</b> Days <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Gerald L. Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret A. Gabrini</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Gerald L. Johnson</b> ADDRESS <b>507 West 88th St.</b>

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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Multiple Pregnancy</b> <b>Circumvallate Placenta</b> DUE TO (b) <b>Multiple Pregnancy</b> DUE TO (c) <b>Circumvallate Placenta</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>776h</b>
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) (Min.)	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 12-18, 1955, to 12-18, 1955, that I last saw the deceased alive on 12-18, 1955, and that death occurred at 11:15p m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert S. Brown MD</b>	23b. ADDRESS <b>1103 Grand Ave KC Mo</b>	23c. DATE SIGNED <b>19 Dec 55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-20-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b> ADDRESS <b>1800 E. Linwood</b>	
DATE REC'D BY LOCAL REG. <b>12-20-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0. 48

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.....  
*Arthur Eugene Ho...*

Licensed Embalmer No... *491*

P. O. Address... *K.C. Mo.*

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.