

FILED JAN 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40665**
5618
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. 5618	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler BATES			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN Butler		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 Research Hospital				STREET ADDRESS (If rural, give location) 212 South Broadway			
3. NAME OF DECEASED (Type or Print) WILLIAM		a. (First) Elijah		b. (Middle) JOHNSON		c. (Last)	
4. DATE OF DEATH Dec. 24, 1955		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 2/26/85		9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Church Custodian		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Elbert Johnson		13b. MOTHER'S MAIDEN NAME Louisa Clark		14. NAME OF HUSBAND OR WIFE Nita Johnson			
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 Nita Johnson Butler, Mo.			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of rt. femoral neck.				INTERVAL BETWEEN ONSET AND DEATH E9035 44	
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) Street		21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) Butler (COUNTY) Bates (STATE) Missouri		21f. HOW DID INJURY OCCUR? fell on street	
21d. TIME OF INJURY 12-12-55		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from Dec. 12, 1955 , to Dec. 24, 1955 , that I last saw the deceased alive on Dec 23, 1955 , and that death occurred at 5:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE D. A. Black		(Degree or title) M.D.		23b. ADDRESS 924 Professional Bldg.		23c. DATE SIGNED 12/24/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/24/55		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Butler, Missouri	
DATE REC'D BY LOCAL REG. 12-25-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. ADDRESS K.C. MO.			

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

Dr. Paul Klack
Brearley Hospital
125th St

Exp 5:15 AM

NOV 11 1985

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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 *Eugene J. Kemmer*

Licensed Embalmer No. 469

P. O. Address *Forest Ave*

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.