

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43329**

FILED JAN 18 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5455

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>4 yrs.</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>WILHITE NURSING HOME</u>		f. STREET ADDRESS (If rural, give location) <u>3709 W. 81ST STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Koss</u> b. (Middle) <u>ALVIN</u> c. (Last) <u>JOHNS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1955</u>
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5. SEX- <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify?) <u>DIVORCED</u>	8. DATE OF BIRTH <u>NOV 14, 1883</u>	9. AGE (In years last birthday) <u>72</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 2 HRS: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RITCHMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHARLESTON, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>BENJAMIN JOHNS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY JANE MUNDY</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. MAE JOHNS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>385471</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FRED LUMARY</u>	ADDRESS <u>320 W. 15TH ST. S.C. MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>	INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Decompensation</u> DUE TO (c) <u>Post-Operative Hemorrhage Syndrome</u>	<u>1 yr.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 8/4/1955, to 12/12/1955, that I last saw the deceased alive on 12/12/1955, and that death occurred at 6:10 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. G. Stephens</u>	23b. ADDRESS <u>3-E-39th St. Kansas City, MO</u>	23c. DATE SIGNED <u>12/13/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>DEC-15-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	24d. LOCATION (City, town or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>12-15-55</u>	REGISTRAR'S SIGNATURE <u>new minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Old Newcomer Sons S.C. MO.</u>	ADDRESS <u>1337 BRUSH CREEK</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Chas. G. Stephens

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 *Edward M. Ste...*

Licensed Embalmer No. *44*

P. O. Address *K.C. 110.*

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.