

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5296

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grain Valley		c. LENGTH OF STAY (in this place) 35 yrs	c. CITY OR TOWN Grain Valley
d. FULL NAME OF HOSPITAL OR INSTITUTION City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 7000	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) H. c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) Feb. 18 1956		
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 19, 1883	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Custodian		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Grain Valley, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James H. Johnson		13b. MOTHER'S MAIDEN NAME Malessia Weir		14. NAME OF HUSBAND OR WIFE Nora Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nora Johnson Grain Valley, 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		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	

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) m.		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 Jan 19 55, to 2-18, 1956, that I last saw the deceased live on 2-18, 1956 and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE John W. Willocq		(Degree or title) M.D.		23b. ADDRESS Oak Grove Mo		23c. DATE SIGNED 2-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 21-56		24c. NAME OF CEMETERY OR CREMATORY Grain Valley		24d. LOCATION (City, town, or county) (State) Grain Valley Mo	
DATE REC'D BY LOCAL REG. 2-25-56		REGISTRAR'S SIGNATURE N.B. Longford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 483. Webb Funeral Home. Blue Springs			

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 R B West

Licensed Embalmer No. 235

P. O. Address Blue Springs

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.