

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 9162
1324
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 45 YEARS		c. CITY OR TOWN KANSAS CITY		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 DEADON ARRIVAL AT RESEARCH HOSPITAL				e. STREET ADDRESS (If rural, give location) 4010 MONROE AVENUE				
3. NAME OF DECEASED (Type or Print) a. (First) DEEWITT b. (Middle) TALMADGE c. (Last) JOSEPH			4. DATE OF DEATH (Month) (Day) (Year) MARCH-24-1956					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, 1 WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUGUST-22-1887		
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY - OWNER			10b. KIND OF BUSINESS OR INDUSTRY Midwest Supply Co.		11. BIRTHPLACE (City and State or Foreign Country) BRUNSWICK MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LEANDER JOSEPH			13b. MOTHER'S MAIDEN NAME JANE MOORE		14. NAME OF HUSBAND OR WIFE Mrs. MAUDE JOSEPH			
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. 487-34-3834		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. W. ANDERSON			ADDRESS 4010 MONROE AVE KANSAS CITY 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction, acute ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion, acute DUE TO (c) Atherosclerosis coronary arteries II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus Nephros.				INTERVAL BETWEEN ONSET AND DEATH 4201
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 <u>at autopsy</u> to <u>March 24, 1956</u> , that I last saw the deceased alive on <u>March 24, 1956</u> , and that death occurred at <u>Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE John E. Johnson M.D.				23b. ADDRESS Research Hospital		23c. DATE SIGNED 3/24/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH-28-1956		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG. 3-27-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer Sons		ADDRESS 1331 BRUSH CARRK KANSAS CITY, MO.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
John E. Johnson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert F. Savage*

Licensed Embalmer No. *48*

P. O. Address *Kansas*

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