

FILED DEC 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

5231

Registration District No. 149 Primary Registration District 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, give TOWNSHIP only) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2316 Harrison			Length of stay in hospital lyrs		d. STREET ADDRESS 2316 Harrison		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Annie P. Middle Johnson Last Johnson				4. DATE OF DEATH Month Nov. Day 30 Year 1956				
5. SEX female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 26, 1893		9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during usual working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Minden, La.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Dave Amos				14. MOTHER'S MAIDEN NAME Lula Williams				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. —		17. INFORMANT Willie D. Patterson Address 2316 Harrison				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Ht @ Decompensation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) General arterial sclerosis DUE TO (c) Senile Dementia @ Insultation PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n): Arteriosclerotic Fibrosis							INTERVAL BETWEEN ONSET AND DEATH 2 mo 2 mo 1 wk	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from June 30 56 and last saw her alive on 11-30-56 Death occurred at June 30 56 on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. S. Wells M.D.				22b. ADDRESS 2122-E-15th St		22c. DATE SIGNED 12-3-56		
23a. BURIAL, CREMATION, REMOVAL (S.M.P.) removal		23b. DATE Dec 3, 1956		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Shreveport, La.		
24. FUNERAL DIRECTOR Watkins Bros. ADDRESS 15-C-Mo.			25. DATE RECD. BY LOCAL REG. 12-3-56		26. REGISTRAR'S SIGNATURE Neva Marshall			

(Licensed Embalmer's Statement on Reverse Side)

300
-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
J. S. Wells

Public Welfare Service

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 *Bruce R. Watkins*.....

Licensed Embalmer No. *457*

P. O. Address *18th & P*.....

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