

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

1544

STATE FILE NUMBER

FILED JAN 14 1957

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 1

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>Jackson</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>	Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Independence</u>	Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1902 So. Evanston</u>	Length of stay in lb <u>17 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>1902 So. Evanston St.</u>	Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>Floyd</u>	Middle <u>Walter</u>	Last <u>Johnson</u>	4. DATE OF DEATH	Month <u>Jan</u>	Day <u>1</u>	Year <u>1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 16, 1877</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u>	11. BIRTHPLACE (City and state or country) <u>Johnstown, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>James W. Johnson</u>	14. MOTHER'S MAIDEN NAME <u>Lucinda MacAllister</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT <u>Jennings W. Johnson</u>	Address <u>K. C. Missouri</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		<u>5 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arteriosclerotic heart disease</u>	<u>2 yrs</u>
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)		19. WAS AUTOPSY PERFORMED?
		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 1955 to Jan 1957 and last saw her ^{alive} on Dec 1956
Death occurred at 12:55 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Type or print) <u>Paul L. Bachmann M.D.</u>	22b. ADDRESS <u>1212 W. Truman</u>	22c. DATE SIGNED <u>1-3-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-5-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Jackson County, Missouri</u>
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24. FUNERAL DIRECTOR <u>Geo. C. Cannon</u>	ADDRESS <u>Independence, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-4-56</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms when recorded. At

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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JAN 9 1957

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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.....
J. H. Gibson

Licensed Embalmer No. 481

P. O. Address *Independence*

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