FILED MAR 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 4796

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 749

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL — Length of stay in Hospital 1½ months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE — Inside Limits Yes X No ☐
d. STREET-ADDRESS (If outside, give location) 1020 SOUTH PARK — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First DOUGLASS Middle EUGENE Last JOHNSON, SR.

4. DATE OF DEATH Month February Day 14 Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 16, 1924
9. AGE (In years last birthday) 32
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) File Clerk - Records
10b. KIND OF BUSINESS OR INDUSTRY Management Service Offices Veterans Admin.
11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Willard M. Johnson SR.
14. MOTHER'S MAIDEN NAME Rena F. Montgomery

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 486-26-5161
17. INFORMANT Address VA Hospital Official Records, K. C. Mo.

MEDICAL CERTIFICATION

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) Acute bronchopneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis
DUE TO (c) Adenocarcinoma of colon — 15 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 December 28, 1956 February 14, 1957 and saw him
Death occurred at 2:15 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. G. AGEE, M.D. (Degree or title) L. G. Agee M.D.
22b. ADDRESS VA Hospital, Kansas City, Mo.
22c. DATE SIGNED 2/15/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE FEB-16-1957
23c. NAME OF CEMETERY OR CREMATORY OLDRIDGE MEMORY GARDENS
23d. LOCATION (City, town, or county) INDEPENDENCE (State) MISSOURI

24. FUNERAL DIRECTOR D. W. NEWCOMERS SONS — ADDRESS 1381 BROOK CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 2-16-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Basil V. Honey

Licensed Embalmer No. 47

P. O. Address K. C.

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.