Health,
& Welfare
Public
Service

5. 300
. 1-56

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

George H. Taft

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 17149

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 2262

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1008 CHARLOTTE — Length of stay in Hospital: 1 mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Alabama
b. COUNTY: Mobile
c. CITY OR TOWN: Mobile — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 1008 CHARLOTTE — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First SALLIE Middle — Last JOHNSON

4. DATE OF DEATH: Month 5 Day 11 Year 1957

5. SEX: FEMALE 3

6. COLOR OR RACE: COLORED

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐

8. DATE OF BIRTH: 3-24-1898

9. AGE (In years last birthday): 59 — 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): MAID

10b. KIND OF BUSINESS OR INDUSTRY: HOMES

11. BIRTHPLACE (City and state or country): CLARK COUNTY, ALA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM TATE

14. MOTHER'S MAIDEN NAME: MARY KITTRON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: BESSIE LYLES Address: 1008 CHARLOTTE K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Congestive Heart Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Cardiovascular Disease — many years
DUE TO (c) Fracture of Lt. Tibia

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) - 443 & F

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES ☐ 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 3-28-57, to May 8, 1957 and last saw her/him alive on May 8, 1957
✓ Death occurred at May 11, 1958 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George H. Taft, M.D.

22b. ADDRESS: 2204 E. 18th St.

22c. DATE SIGNED: 5-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 5-18-57

23c. NAME OF CEMETERY OR CREMATORY: —

23d. LOCATION (City, town, or county) (State): MOBILE, ALABAMA

24. FUNERAL DIRECTOR: BROWN-HUDSON — ADDRESS: K.C., Mo.

25. DATE RECD. BY LOCAL REG.: 5-16-57

26. REGISTRAR'S SIGNATURE: Nina Minshall

(Licensed Embalmer's Statement on Reverse Side)

Re 1-42-8

KP 2

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.....

Licensed Embalmer No.....

P. O. Address.....

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.