

FILED JUN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57.021142
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2706

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,		c. CITY OR TOWN Kansas City,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N. E. Osteopathic		d. STREET ADDRESS 3945 St. John	
3. NAME OF DECEASED (Type or print) Lillie Johnson		4. DATE OF DEATH June 6, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 18, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Prarie Hill, Missouri
13a. FATHER'S NAME James Gorham		13b. MOTHER'S MAIDEN NAME Demia Grubb	14. NAME OF HUSBAND OR WIFE Joseph Wm. Johnson (deceased)
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. None	17. INFORMANT Mrs. Dorothy Alexander 3945 St. John
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diffuse Peritonitis DUE TO (b) Intestinal obstruction DUE TO (c) Carcinoma Hepatic Colon Perforation			INTERVAL BETWEEN ONSET AND DEATH 4 Days 10 Days ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 153			
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 May 24, 57 , to June 6, 57 and last saw him alive on June 6, 1957 Death occurred at 10146 1/2 St. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank E. Day (Degree or title)		22b. ADDRESS PO 4314 29th St. E. Mo	22c. DATE SIGNED 6-8-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 7, 1957	23c. NAME OF CEMETERY OR CREMATORY Johnson Cemetery	23d. LOCATION (City, town, or county) (State) Clifton Hill, Missouri
24. FUNERAL DIRECTOR Muehlebach Funeral Home 6800 Troost		25. DATE RECD. BY LOCAL REG. 6-9-57	26. REGISTRAR'S SIGNATURE neva munsell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Frank E. Day

All diseases in Part I must be causally related.

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 *Richard E. Nichols*

Licensed Embalmer No. *4997*

P. O. Address *600 Street
A.C. Mo*

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