

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 5 - 1957

40411

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5402

5402

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>		Length of stay in lb <u>54 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>11934 E. 44th Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mr. James Harry Johnson</u>			4. DATE OF DEATH Month Day Year <u>Nov. 14, 1957</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 28, 1883</u>		9. AGE (In years last birthday) <u>73</u> 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) <u>President - Rubon, Incorporated</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sanitary Supplies</u>		11. BIRTHPLACE (City and state or country) <u>Knoxville, Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>John Johnson</u>		
13b. MOTHER'S MAIDEN NAME <u>Melissa Reeder</u>			14. NAME OF HUSBAND OR WIFE <u>Ethel Johnson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-01-2624</u>		17. INFORMANT Address <u>Robert H. Johnson 5544 Blue Ridge</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bleeding Peptic Ulcer, marginal</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					5402H
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <u>1. Carcinoma of lung 2. Arteriosclerotic Heart Disease</u>					
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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"/>		
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 <u>1 Nov. 1957</u> to <u>14 Nov. 1957</u> and last saw <sup>her</sup> <sub>him</sub> alive on <u>14 Nov. 1957</u> Death occurred at <u>2:55 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>John F. McDonnell, M.D.</u> (Degree or title)			22b. ADDRESS <u>315 Nichols Road Kansas City, 12, Missouri</u>		22c. DATE SIGNED <u>15 Nov. 57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)
<u>Burial</u>		<u>Nov. 18, 1957</u>	<u>Forest Hill Cemetery</u>		<u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR <u>Stine &amp; McClure</u>			ADDRESS <u>Kansas City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-15-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>

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.

John F. McDonnell USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

KP  
2

VA 1-3243

At 11:00

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 *Elma D. Tuzick* .....

Licensed Embalmer No. *4817* .....

P. O. Address *Kansas City, 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.