

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
263

FILED FEB 13 1958

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

All diseases in Part I must be causally related.
 Doctor, coroner, etc. - most necessary.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
 Frank Paul Laurenz

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Northshore Home		Length of stay in lb 55 yrs	d. STREET ADDRESS (If outside, give location) 6423 E. 12th Terr. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Ollie Gertrude Johnson			4. DATE OF DEATH Month Day Year 1-15-58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-27-1881
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) Machine Operator	11. KIND OF BUSINESS OR INDUSTRY Clayton Work
12. CITIZEN OF WHAT COUNTRY? U.S.		13. BIRTHPLACE (City and state or country) Norborne, Mo.	
13a. FATHER'S NAME Abraham W. Shank		13b. MOTHER'S MAIDEN NAME Viola Mills	
14. NAME OF HUSBAND OR WIFE Chas. F. Johnson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no [unknown]) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 495-05-6100		17. INFORMANT Address Sumner, Mo. Miss Gertrude Ganzer, 1102 Dewey	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerosis DUE TO (c) Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 4 years 4 years
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 <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 <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 Death occurred at Dec 27 1957 to Jan 15, 1958 and last saw her alive on Jan 15 1958 7:35 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Frank Paul Laurenz		22b. ADDRESS 428 S. White Ave	
22c. DATE SIGNED 1-15-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 1-18-58		23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
23d. LOCATION (City, town, or county) (State) Rt. 7 Mo		24. FUNERAL DIRECTOR (Address) P. E. Weiler R.C. Mo	
25. DATE RECD. BY LOCAL REG. 1-17-58		26. REGISTRAR'S SIGNATURE Reva Marshall	



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 *B. E. Weir*

Licensed Embalmer No. *4075*
P. O. Address *L. C. & W. P.*

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.