

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013605
STATE FILE NUMBER

FILED APR 28 1958

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 42

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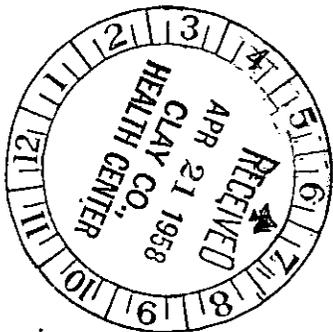
1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY CLAY admission 0000	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SMITHVILLE		c. CITY OR TOWN GASHLAND	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SMITHVILLE COMMUNITY HOSP.		d. STREET ADDRESS (If outside, give location) C Street	
3. NAME OF DECEASED First Middle Last DAVID E. JOHNSON			4. DATE OF DEATH Month Day Year APRIL 12, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 3, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER OF THE GOSPEL		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CASS COUNTY, MO.
13a. FATHER'S NAME JAMES JOHNSON		13b. MOTHER'S MAIDEN NAME MOLLY BETIS	14. NAME OF HUSBAND OR WIFE GERTRUDE WARNER JOHNSON
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 Address MRS. LLOYD JONES, SMITHVILLE, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Acute anterior-lateral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO B Hypertensive Cardiovascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 62 hours 10 years or more
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 WORK <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 4-10-58 to 4-12-58 and last saw him alive on 4-12-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Ronald E. Queen MD		22b. ADDRESS Rte 1 Box 19 Gashland Mo	
22c. DATE SIGNED 4-12-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-14-1958	
23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL MEMORIAL GARDENS		23d. LOCATION (City, town, or county) (State) KANSAS CITY NORTH, MO.	
24. FUNERAL DIRECTOR ADDRESS McCOMAS FUNERAL HOME, SMITHVILLE, MO.		25. DATE RECD. BY LOCAL REG. 4-14-58	
		26. REGISTRAR'S SIGNATURE Marguerite Judgens	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 30 1958-



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 *Donald W. Hanks*

Licensed Embalmer No. *4528*
P. O. Address *Smithville, 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.