

FILED MAY 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2233

S. 300 0
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cameron 0250
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Children's Mercy		Length of stay in 1b 9 hours	d. STREET ADDRESS (If outside, give location) R.# 3
3. NAME OF DECEASED (Type or print) First Middle Last Craig Thompson Johnson			4. DATE OF DEATH Month Day Year 5 1 58
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED SEPARATED FORCED	8. DATE OF BIRTH 2-9-58
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days Hours Min. 2 22	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Cameron, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Carl B. Johnson	13b. MOTHER'S MAIDEN NAME Virginia Thompson
14. NAME OF HUSBAND OR WIFE None		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 R#3		Mrs. Virginia Johnson Cameron, 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) Increased intracranial pressure; secondary to subdural hygroma DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 0 22.8 hr
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 type="checkbox"/>
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 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 5-6-58 to 5-1-58 and last saw him alive on 5-1-58 Death occurred at p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wayne Hart		22b. ADDRESS 1710 Independence Ave. K.C. Mo	
22c. DATE SIGNED 5/1/58		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-3-1958	
23c. NAME OF CEMETERY OR CREMATORY Ridgeville		23d. LOCATION (City, town, or county) (State) Osborn, Mo.	
24. FUNERAL DIRECTOR Poland Funeral Home		25. DATE RECD. BY LOCAL REG. 5-2-58	
26. REGISTRAR'S SIGNATURE New Marshall			

Doctor, coroner, etc., may use any 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
 Wayne Hart



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 *Lawrence J. Thompson*

Licensed Embalmer No. *4735*

P. O. Address *Canaan, Pa*

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.