

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021939
STATE FILE NUMBER
2481

FILED JUN 16 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2481

| | | | |
|---|----------------------------------|---|---|
| 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. INSIDE LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Queen of the World | | Length of stay in lb 10 Yrs | |
| d. STREET ADDRESS 3528 3028 Drury | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Rosie Lee Johnson | | | 4. DATE OF DEATH Month Day Year May 12, 1958 |
| 5. SEX ♀ | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 1923 |
| 9. AGE (In years last birthday) 35 | | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Arkansas |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Arthur Moss | |
| 13b. MOTHER'S MAIDEN NAME Sarah Green | | 14. NAME OF HUSBAND OR WIFE Dorsey R. 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. - | 17. INFORMANT Dorsey R. Johnson 3528 Drury |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage- inter ventricular | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Toxemia- non convulsive (pregnancy) | | | 4.5 |
| DUE TO (c) Pregnancy (post partum death) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Renal vascular disease (during pregnancy) | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 10-14-57 to 5-12-58 and last saw her alive on 5-12-58 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) Samuel U. Rodgers M.D. | | 22b. ADDRESS 2462-A Brooklyn | |
| 22c. DATE SIGNED 5-14-58 | | 22d. DATE SIGNED | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 5-16-58 | |
| 23c. NAME OF CEMETERY OR CREMATORY Hope, Arkansas | | 23d. LOCATION (City, town, or county) (State) Hope, Arkansas | |
| 24. FUNERAL DIRECTOR Manlove & Williams 1729 Lydia | | 25. DATE RECD. BY LOCAL REG. 5-16-58 | |
| 26. REGISTRAR'S SIGNATURE Neve Minshall | | | |

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Samuel U. Rodgers



Call number

Dec 1-8811

*after 10.
Friday*

Dec 1-9077

over 3. 8-84

8444.

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 *J. J. Manlove Jr*

Licensed Embalmer No. *3994*

P. O. Address *3712 E 30th*

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.