

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028559

STATE FILE NUMBER

FILED SEP 3 1958

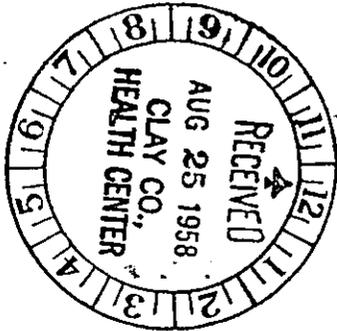
Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Clay</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>North Kansas City Missouri</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>3068 Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>North Kansas City Mem. Hosp.</u>		Length of stay in 1b <u>2 hrs</u>	d. STREET ADDRESS (If outside, give location) <u>126 N White</u>
3. NAME OF DECEASED (Type or print) First <u>Unice</u> Middle <u>E.</u> Last <u>Johnson</u>			4. DATE OF DEATH: Month <u>8</u> Day <u>20</u> Year <u>58</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Cauc</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>11/14/1904</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>53</u>
11. BIRTHPLACE (City and state or country) <u>Colfax, LA.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Gusbert Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Mamie Pennington</u>	14. NAME OF HUSBAND OR WIFE <u>Francis Johnson</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-24-8410</u>	17. INFORMANT Address <u>Francis Johnson, 126 N. White</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>Subdural hemorrhage right</u> DUE TO (b) <u>Fracture, skull, right temporal</u> DUE TO (c) <u>Trauma (accidental)</u> 9020 2-1			INTERVAL BETWEEN ONSET AND DEATH <u>3-4 hrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Obesity</u>			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
20a. ACCIDENT <input checked="" 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.) <u>Back porch second story apartment broke loose causing patient to fall to ground.</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY <u>173</u> STATE <u>Kansas City Jackson Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. S. Pate m.d. Coroner 3</u>		22b. ADDRESS <u>North Kansas City Mo</u>	
22c. DATE SIGNED <u>8-23-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-23-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>W. White Chapel</u>		23d. LOCATION (City, town, or county) (State) <u>Gladstone, Mo</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer, N.K.C.</u>		25. DATE RECD. BY LOCAL REG. <u>8-23-58</u>	
		26. REGISTRAR'S SIGNATURE <u>Marquette Hudgens</u>	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diagnoses in Part I must be causally related.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

SEP 4 1958



MS JAN 20 1960

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 *Glenn H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *Kansas City*

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.