

pt. Health,  
, & Welfare  
S. Public  
lth Service

S. 300  
v. 1-57

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.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029141  
STATE FILE NUMBER

FILED AUG 27 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3845

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Warsaw City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	964. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>4400 Block Campbell 9 months</i>		Length of stay in lb	d. STREET ADDRESS <i>8118 Olive</i> (If outside give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>William O</i> Middle <i>Johnson</i> Last <i>Johnson</i>		4. DATE OF DEATH Month <i>8</i> Day <i>10</i> Year <i>1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>1-17-1936</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bencher Mch.</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>22</i> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTH PLACE (City and state or country) <i>Lincoln, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Robert P Johnson</i>		13b. MOTHER'S MAIDEN NAME <i>Amelia Hindaman</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes Korean war</i>	
16. SOCIAL SECURITY NO. <i>UNKNOWN</i>		17. INFORMANT <i>James A Johnson</i> Address <i>8118 Olive</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Suffocation</i>			INTERVAL BETWEEN ONSET AND DEATH <i>6:30 PM 22</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			19. WAS AUTOPSY PERFORMED? <i>1</i> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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.) <i>Overturned car that ran off street</i>	
20c. TIME OF INJURY Hour <i>10:45</i> Month, Day, Year <i>8-10-58</i> a.m. p.m.		<i>auto excavation 123</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, kitchen, street, public bldg., etc.) <i>State property</i>	
20f. CITY, TOWN, OR LOCATION <i>Warsaw City, Jackson</i>		COUNTY <i>Jackson</i> STATE <i>MO</i>	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Geo C Kealhofer</i> (Degree or title) <i>3</i>		22b. ADDRESS <i>6627 Park St Benton County, Mo</i>	
22c. DATE SIGNED <i>8-11-58</i>			
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>8-11-1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Union Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>Benton County, Mo.</i>	
24. FUNERAL DIRECTOR <i>Rever Funeral Home Warsaw, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>8-11-58</i>	
ADDRESS		26. REGISTRAR'S SIGNATURE <i>meva minshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Geo. C. Kealhofer

AUG 27 1958

AUG 27 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 Ronald Passantino

Licensed Embalmer No. 4554  
P. O. Address ECMO

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.