

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036754

STATE FILE NUMBER

FILED OCT 28 1958

Registration District No.

146

Primary Registration District No.

4237

Registrar's No.

443

S. 300
v. 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 Johnson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Raytown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Warrensburg		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9417 E 68 Street		Length of stay in lb 12 Hrs.	d. STREET ADDRESS (If outside, give location) 508 S. College		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lillian Middle Rebecca Last Johnson			4. DATE OF DEATH Month Oct. Day 11 Year 1958.		
5. SEX Female	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 18, 1889	9. AGE (In years and months) 69	IF UNDER 1 YEAR 23 MONTHS IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXXX		11. BIRTHPLACE (City and state or country) McCracken Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jeremiah Curtis		13b. MOTHER'S MAIDEN NAME Rachel E. Miller	
14. NAME OF HUSBAND OR WIFE Walter A. Johnson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XXXXXXXXXXXXX		16. SOCIAL SECURITY NO. None	
17. INFORMANT Dwight C. Johnson, Raytown, 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) Stroke & Hemorrhage, resulting from Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Massive Subdural Hemorrhage DUE TO (c) Fractured Skull		INTERVAL BETWEEN ONSET AND DEATH 9000 21	
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? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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.) Fell down basement stairway			
20c. TIME OF INJURY 10-11-58 Hour 6:20 Month Nov Day 11 Year 1958		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, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Raytown COUNTY Jackson STATE Mo			
21. I attended the deceased from _____, to _____, and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) E. Clark Fegert, Deputy Coroner		22b. ADDRESS 6627 Proberts Lane		22c. DATE SIGNED 10-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 14, 1958		23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cem.	
23d. LOCATION (City, town, or county) Warrensburg, Mo.		23e. (State)			
24. FUNERAL DIRECTOR E. Clark Fegert, Raytown, Mo.		25. DATE RECD. BY LOCAL REG. 10-14-58		26. REGISTRAR'S SIGNATURE James Stracy	

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

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 

Licensed Embalmer No. 3983

P. O. Address Raytown, 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.