

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040019  
STATE FILE NUMBER

5378

FILED DEC 8 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

S. 300  
1-57

|   |                                  |   |  |   |  |   |  |
|---|----------------------------------|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kansas City</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN <b>Kansas City</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>General Hospital</b>  |                                  | Length of stay in 1b<br><b>50 yrs</b>   |  | d. STREET ADDRESS (If outside, give location)<br><b>3522 Walnut St.</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Fred</b> Middle <b>William</b> Last <b>Johnson</b>   |                                  |   |  | 4. DATE OF DEATH<br>Month <b>11</b> Day <b>12</b> Year <b>58</b>  |  |   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Sept 3, 1867</b>   |  | 9. AGE (In years last birthday)<br><b>91</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired China Salesman</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><b>Quincy, IL</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA.</b>   |  |
| 13a. FATHER'S NAME<br><b>Johnson</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Bartlett</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Matilda Johnson</b>   |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or class of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT Address<br><b>Mrs. Stanley Hifner - Indep Mo.</b>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral thrombosis</b>   |                                  |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                  |   |  |   |  |   |  |
| 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?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour _____<br>a.m. _____<br>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 <b>11-10-58</b> , to <b>11-12-58</b> and last saw her/him alive on <b>11-12-58</b><br>Death occurred at <b>12:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |   |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>Abraham Gelperin</b>   |                                  |   |  | 22b. ADDRESS<br><b>K.C. General Hospital</b>  |  | 22c. DATE SIGNED<br><b>11-12-58</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                                  | 23b. DATE   |  | 23c. NAME OF CEMETERY OR CREMATORY  |  | 23d. LOCATION (City, town, or county) (State)   |  |
| <b>Burial Nov. 14, 1958</b>   |                                  |   |  | <b>Woodlawn</b>   |  | <b>Indep. Mo.</b>   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>OTT &amp; Mitchell - Indep. Mo.</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>11-13-58</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Irene Marshall</b> |   |  |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Abraham Gelperin M.D. Only BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, colorist, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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

*Henry J. Mitchell*

Licensed Embalmer No. 3823-

P. O. Address Andover, Ma

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.