

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001659

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 50

300
-57

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) Sugar Creek		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sugar Creek Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12008 Anderson		Length of stay in lb 38 yrs.	d. STREET ADDRESS (If outside, give location) 12008 Anderson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mamie H. Johnson			4. DATE OF DEATH Month Day Year Jan 24, 1959
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 Sept. 20, 1901
9a. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. 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 Domestic	11. BIRTHPLACE (City and state or country) Minn. Minn.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Edwall Anderson Rudolf Johnson	
13b. MOTHER'S MAIDEN NAME Unknown Hanna Matilda Olafson		14. NAME OF HUSBAND OR WIFE A. W. 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. 497-28-7908	17. INFORMANT A. W. Johnson Address Sugar Creek, Missouri
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>Constrictive cardiac valves & regurgitation</u> DUE TO (b) <u>Coronary hypertrophy</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2520			INTERVAL BETWEEN ONSET AND DEATH 4 yr. Yes. Yes.
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.) ITEM 13a, 13b CORRECTED	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		BY AFFIDAVIT OF <u>Informant</u> 2-6-59	
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 <u>11-19-1954</u> to <u>1-14-59</u> and last saw her alive on <u>1-14-59</u> Death occurred at <u>Home</u> <u>9 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Richard</u> (Degree or title) M.D.		22b. ADDRESS <u>10901 Winner Rd</u> <u>Independence, Mo.</u>	22c. DATE SIGNED <u>1-26-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan 27, 1959	23c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	23d. LOCATION (City, town, or county) (State) Independence, Missouri
24. FUNERAL DIRECTOR Geo. C. Carson & Son's		ADDRESS Indep., Mo.	25. DATE RECD. BY LOCAL REG. 1-27-59
26. REGISTRAR'S SIGNATURE <u>J. Richard</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

VS FEB 6 1959

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. H. Gibson*

Licensed Embalmer No. *4871*

P. O. Address

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.