

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005640
STATE FILE NUMBER
881

FILED MAR 9 1959 Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 881

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) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not hospital, give location) HOSPITAL INSTITUTE 4438 ELMWOOD		Length of stay in lb 10 YRS.	d. STREET ADDRESS (If outside, give location) 4438 ELMWOOD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CHARLES Middle LUCIOUS Last JOHNSON			4. DATE OF DEATH Month FEB. Day 14 Year 1959		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 6, 1865	9. AGE (In years) 93 (Birth day)	IF UNDER 1 YEAR Months — Days —	IF UNDER 24 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY ROCK ISLAND RR	11. BIRTHPLACE (City and state or country) BUFFALO, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHNSON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE ELLA JOHNSON (DECEASED) Address 4438 ELMWOOD
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. *****	17. INFORMANT MR. SYLVAN JOHNSON KANSAS CITY, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) chronic myocarditis		
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? 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.) 42-2
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from about 4 years to 2-14-59 and last saw him alive on 2-13-59 Death occurred at 2/14/59 m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE [Signature] (Degree or title)	22b. ADDRESS M.D. 1207 Rialto Bldg., K.C., Mo.	22c. DATE SIGNED 2/16/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2-15-1959	23c. NAME OF CEMETERY OR CREMATORY STOVER CEMETERY	23d. LOCATION (City, town, or county) (State) STOVER Mo.
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24. FUNERAL DIRECTOR C. H. BLACKMAN & SON K.C., Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-16-59	26. REGISTRAR'S SIGNATURE [Signature]
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

T. S. Bourke

MEDICAL CERTIFICATION

SEP 29 1958

MAR 9 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 *W.C. Penning*

Licensed Embalmer No. *4879*

P. O. Address *152 7th*

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.