

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005642

STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 945

300
-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Miami		
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 Oswatomie		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Length of stay in lb 13 days	d. STREET ADDRESS (If outside, give location) 521 Retan St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clarence Middle Johnson Last Johnson			4. DATE OF DEATH Month Feb. Day 17, Year 1959		
5. SEX Male	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 March 21, 1905	9. AGE (In years last birthday) 52 53	10. FUNDER 1 YEAR Months 5 Days 18 Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive Engineer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific	11. BIRTHPLACE (City and state or country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME King L. Johnson		13b. MOTHER'S MAIDEN NAME Rosa May Lee		14. NAME OF HUSBAND OR WIFE Eva L. 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. 702-16-7557		17. INFORMANT Address Eva L. Johnson 521 Retan St. Oswatomie, KS.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Fractured Skull Surgical DUE TO (b) Intestinal Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) Cause unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gastro Intestinal Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 87041 118
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 2		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Found Near Car. Car not			
20c. TIME OF INJURY Hour 25-59 Month, Day, Year 59 a.m. 8:15 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Oswatomie		COUNTY Miami	STATE Kans
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Hugh A. Owens			22b. ADDRESS 1034 Reato Bldg		22c. DATE SIGNED 2-18-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2/18/59	23c. NAME OF CEMETERY OR CREMATORY Oswatomie Cemetery		23d. LOCATION (City, town, or county) (State) Oswatomie Kansas
24. FUNERAL DIRECTOR Stine & McClure		ADDRESS 3235 Gillham Plaza		25. DATE RECD. BY LOCAL REG. 2-19-59	26. REGISTRAR'S SIGNATURE newa Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
High H. Owens

MAR 11 1960

VS APR 18 1960

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 *William M. Farn*

Licensed Embalmer No. *4648*
P. O. Address *Lawrence City, Va*

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.