Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013365

STATE FILE NUMBER

APR 20 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1687

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General Hospt. No 1 — Length of stay in 1b: 1 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 1206 E. 12th St. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: AMOS Middle: Last: JOHNSON

4. DATE OF DEATH Month, Day, Year: March 31, 1959

5. SEX: Male **6. COLOR OR RACE:** Negro **7. MARITAL STATUS:** MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: July 4, 1920 **9. AGE** (In years last birthday): 38 yrs. IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook **10b. KIND OF BUSINESS OR INDUSTRY:**

11. BIRTHPLACE (City and state or country): Van Buren, Arkansas **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME: Sam Johnson **13b. MOTHER'S MAIDEN NAME:** Lenora Keys **14. NAME OF HUSBAND OR WIFE:** none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII **16. SOCIAL SECURITY NO.:** 431-03-6038 **17. INFORMANT:** Edna Buford Address: 2420½ Bales Sister

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Subdural Hemorrhage (Right) — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 9045
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 415

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): fell
20c. TIME OF INJURY Hour a.m. p.m.: ? Month, Day, Year: 3/20/1959
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.): 1802 E 13th St.
20f. CITY, TOWN, OR LOCATION: Kansas City **COUNTY:** Jackson **STATE:** Mo.

21. I attended the deceased from _____, to _____ and last saw her/him 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): Deputy Coroner — L. M. Tillman M.D.
22b. ADDRESS: 1618 Lydia Ave.
22c. DATE SIGNED: 4/2/59

23a. BURIAL, CREMATION, REMOVAL: Burial **23b. DATE:** 4-3-59 **23c. NAME OF CEMETERY OR CREMATORY:** Highland **23d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR Address: Watkins Bros. Funeral Home 18th & Benton **25. DATE RECD. BY LOCAL REG.:** 4-2-59 **26. REGISTRAR'S SIGNATURE:** Neva Mitchell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

L.M. Tillman

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Bent

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.