

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>5 days</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>2011 W. 59th</b>	

3. NAME OF DECEASED (Type or print) First <b>Daniel</b> Middle <b>Calvin</b> Last <b>Johnson</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>24,</b> Year <b>1959</b>		
---	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 23, 1910</b>	9. AGE (last birthday) <b>48-48</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
-----------------------	----------------------------------	---	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mgr. Control Lab</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Westinhouse Corp</b>	11. BIRTHPLACE (City and state or country) <b>North Carolina</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
--	--	---	--

13a. FATHER'S NAME <b>Daniel Lester Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Maybell Griggs</b>	14. NAME OF HUSBAND OR WIFE <b>Mildred B. Johnson</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>Rev. Meneilly, Mission, Kansas</b>	Address
---	---	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Dissecting Aneurysm - Abdominal aorta</b>		<b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>arteriosclerosis, general</b>	<b>years</b>
	DUE TO (c) <b>Hypertension, general</b>	<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 Hour _____ a.m. _____ p.m. Month, Day, Year
---

20d. INJURY OCCURRED WHILE AT WORK <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 <b>Wadesboro, N. C.</b>	COUNTY <b>Wadesboro, N. Carol.</b>	STATE
--	--	---	---------------------------------------	-------

21. I attended the deceased from <b>Mar. 11 1956</b> to <b>Sept. 24, 1959</b> and last saw him alive on <b>Sept. 24, 1959</b> Death occurred at <b>4:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <b>W. G. Slentz, M.D.</b>	22b. ADDRESS <b>4621 Nichols Hwy K.C. Mo.</b>	22c. DATE SIGNED <b>9-25-59</b>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Sept. 25, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wadesboro, N. C.</b>	23d. LOCATION (City, town, or county) (State) <b>Wadesboro, N. Carol.</b>
---	------------------------------------	---	--

24. FUNERAL DIRECTOR <b>Stine &amp; McClure, Kansas City, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-25-59</b>	26. REGISTRAR'S SIGNATURE <b>Steve Minshall</b>
--	--	--

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

W. G. Slentz

58 100

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Thomas A. Kuebler

Licensed Embalmer No. 4995

P. O. Address K.C., Mo

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.