

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032416

FILED OCT 13 1959

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 4634 STATE FILE NUMBER

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		Length of stay in 1b 29 yrs.	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3207 E. 26th St.

3. NAME OF DECEASED (Type or print) First Middle Last Joseph Johnson			4. DATE OF DEATH Month Day Year Sept. 21, 1959			
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5. SEX Male	6. COLOR OR RACE Col.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/23/02	9. AGE (last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian	10b. KIND OF BUSINESS OR INDUSTRY Uni. of K.C.	11. BIRTHPLACE (City and state or country) Dallas, Texas	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME ---	13b. MOTHER'S MAIDEN NAME Lillian Mott	14. NAME OF HUSBAND OR WIFE Daisy Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown). (If yes, give war or dates of service) Yes World War II	16. SOCIAL SECURITY NO. 495-09-9328	17. INFORMANT Address Mrs. Daisy Johnson, 3207 E. 26th
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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) Depressed Skull Fractured		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) _____ DUE TO (c) 25 ft. Fall from Ladder		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell off Ladder
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20c. TIME OF INJURY Hour Month, Day, Year 1:00 p.m. 9/21/59
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) 2909 Forest	20f. CITY, TOWN, OR LOCATION COUNTY STATE Kansas City Jackson, Mo.
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Deputy Coroner	22b. ADDRESS 1618 Lydia Ave	22c. DATE SIGNED 9/22/59
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23a. BURIAL (CREMATION, REMOVAL) (Specify) Removal	23b. DATE 9/28/59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kans.
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24. FUNERAL DIRECTOR ADDRESS Badeau, Appleton & Jones, K.C., Mo.	25. DATE RECD. BY LOCAL REG. 9-23-59	26. REGISTRAR'S SIGNATURE Neve Marshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eddie Middleton

Licensed Embalmer No. 504

P. O. Address _____

Kansas City, 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.