

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040140

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5452

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City	a. STATE Mo	b. COUNTY Jackson
Length of stay in 1b 30 yrs		c. CITY OR TOWN Kansas City	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2200 Troost		d. STREET ADDRESS (If outside, give location) 2200 Troost	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Martha	Middle	Last Johnson	4. DATE OF DEATH	Month II	Day 9	Year 59
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5. SEX Fe	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/8/97	9. AGE (last birthday) 61	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Grimes County Tex	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Beryl Searcey	13b. MOTHER'S MAIDEN NAME Marth Yarborough	14. NAME OF HUSBAND OR WIFE Smith 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) NO	16. SOCIAL SECURITY NO. 486-07-5815	17. INFORMANT Address Leota Walton 2200 Troost
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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:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinoma of esophagus	5 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	
DUE TO (c)	

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
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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.)
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20c. TIME OF INJURY	Hour	Month, Day, Year
	a.m. p.m.	

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	COUNTY	STATE
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21. I attended the deceased from 4-4-59 to 11-9-59 and last saw her her alive on 9-16-59
 Death occurred at 136 a on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. S. Hoffman (Degree or title) MD	22b. ADDRESS 751 E 63 rd St. Kc Mo	22c. DATE SIGNED 11-9-59
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23a. BURIAL, CREMATION, REMOVAL Removal	23b. DATE II/16/59	23c. NAME OF CEMETERY OR CREMATORY Booker T Washington	23d. LOCATION (City, town, or county) Muskogee (State) OKla
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24. FUNERAL DIRECTOR J. Manlove-Williams ADDRESS 1729 Lydia	25. DATE RECD. BY LOCAL REG. 11-12-59	26. REGISTRAR'S SIGNATURE newel Minshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Raymond Walker

Licensed Embalmer No. 4653

P. O. Address 200

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.