

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019460

FILED VS JUN 15 1960

149 Primary Registration District No. 1002 Registrar's No. 2924

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Clay</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>3 weeks</b>		c. CITY OR TOWN <b>Liberty</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Resarch Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>211 Laura</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>Bruen</b> Last <b>Johnson</b>				4. DATE OF DEATH Month <b>May</b> Day <b>29</b> Year <b>1960</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>2-14-88</b>		9. AGE (last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired druggist</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Drug Store</b>		11. BIRTHPLACE (City and state or country) <b>New York, N. Y.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Fred Johnson</b>				13b. MOTHER'S MAIDEN NAME <b>Wilkemina (unknown)</b>				14. NAME OF HUSBAND OR WIFE <b>Pearl Warren 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>487-01-6322</b>		17. INFORMANT Address <b>Pearl Johnson Liberty, Missouri</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>										INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Pulmonary edema</b>										3 hrs.			
DUE TO (c) <b>Subacute bacterial endocarditis, aortic valve</b>										1 Mon.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>meningitis, hemoderosis? liver, calcification of aortic valve, recent prostatic surgery</b>										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 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		COUNTY		STATE			
21. I attended the deceased from <b>April 1959</b> to <b>May 24, 1960</b> and last saw her alive on <b>5/28/60</b> 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) <b>R.P. Bowler, MD</b>						22b. ADDRESS <b>Liberty Mo.</b>				22c. DATE SIGNED <b>5/29/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>5-31-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cemetery Kansas City, Missouri</b>				23d. LOCATION (City, town, or county) (State)					
24. FUNERAL DIRECTOR ADDRESS <b>Tyler-Pasley Liberty, Missouri</b>						25. DATE RECD. BY LOCAL REG. <b>5-31-60</b>		26. REGISTRAR'S SIGNATURE <b>Norm Marshall</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF P. BOWLER

NOV 16 1960

JUL 1 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

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

Signed Charles F. Tyler

Licensed Embalmer No. 45-39

P. O. Address Liberty

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.