

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019738

FILED VS JUN 14 1960

146 Primary Registration District No. 3026 Registrar's No. 283

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) Independence OR TOWN Independence		Length of stay in 1b 24 hours	c. CITY OR TOWN Buckner
c. FULL NAME OF HOSPITAL OR INSTITUTION Independence Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS Sibley Street (If outside, give location)
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Thornton A. Middle Johnson Last			4. DATE OF DEATH June 4, 1960 Month Day Year			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/3/1908	9. AGE (last birthday) 51	10. 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) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Associated Transports		11. BIRTHPLACE (City and state or country) Sibley, Mo.		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry F. Johnson		13b. MOTHER'S MAIDEN NAME Margaret Auld		14. NAME OF HUSBAND OR WIFE Phyllis Johnson		

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. 194-30-9239	17. INFORMANT Phyllis Johnson, Buckner, Mo. 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) GANGRENE OF PENIS + SCROTUM		16K
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CARCINOMA OF BLADDER	3 YEARS
	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

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.)	
20c. TIME OF INJURY Hour <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> 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 **JUNE 3, 1960** to **JUNE 4, 1960** and last saw her/him alive on **JUNE 4, 1960**
Death occurred at **9:50** **P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thelton B. Ogden, M.D.	22b. ADDRESS 701 E. 63RD KC MO.	22c. DATE SIGNED 6-6-60
--	--	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE June 7, 1960	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
---	-------------------------------	--	--

24. FUNERAL DIRECTOR Hazel H. Reppert ADDRESS Buckner, Mo.	25. DATE RECD. BY LOCAL REG. 6-7-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
--	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 21 1941

NOV 17 1940

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 Charles E Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs

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.