

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JUL 5 1960 149

60-023223
STATE FILE NUMBER
3300 60-023223

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kans. b. COUNTY Wyandotte				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City			Length of stay in lb 6 weeks		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4452 State Line		
3. NAME OF DECEASED (Type or print) PER		First PER		Middle GUSTAV		Last JOHNSON		
4. DATE OF DEATH 6 21 60		5. SEX Ma		6. COLOR OR RACE Wh		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		
8. DATE OF BIRTH 9-26-87		9. AGE (last birthday) 72		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) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Electrolux Corp		11. BIRTHPLACE (City and state or country) Stockholm, Sweden		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Rickard Johanson				13b. MOTHER'S MAIDEN NAME Anna Hoglund		14. NAME OF HUSBAND OR WIFE Anna Marie Johnson		
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. 495-07-8116		17. INFORMANT Address K.C. Kansas Mrs. Anna M. Johnson, 4452 State Line				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac Failure						INTERVAL BETWEEN ONSET AND DEATH 3 MO		
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Rheumatic Endocarditis						9 MO		
DUE TO (c) Congestive failure						2 days		
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 fertile 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 SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NONE				
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 checked="" 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 12-19-54 to 6-21-60 and last saw ^{her} him alive on 6-21-60 Death occurred at 3:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) James W Downey M.P.				22b. ADDRESS 425 E 3rd St K.C., Mo.		22c. DATE SIGNED 6-22-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-25-60		23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Mo.		
24. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home, K.C. Mo.				25. DATE RECD. BY LOCAL REG. 6-22-60		26. REGISTRAR'S SIGNATURE Neal Minishelf		

DOCUMENT

BY AFFIDAVIT OF James W. Downey MEDICAL CERTIFICATION

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 Alvin R. Havens

Licensed Embalmer No. 415

P. O. Address Kansas

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.