

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

3755-60-026937  
STATE FILE NUMBER

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

DEED

1. PLACE OF DEATH a. COUNTY <b>JACKSON COUNTY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in lb <b>LIFE</b>		c. CITY OR TOWN <b>KANSAS CITY</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>ST. JOSEPH HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>807 MYRTLE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>BARBY</b> Middle <b>JOHNSON</b> Last <b>JOHNSON</b>				4. DATE OF DEATH Month <b>7</b> Day <b>18</b> Year <b>60</b>					
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/18/60</b>		9. AGE (last birthday) IF UNDER 1 YEAR: Months <b>6</b> Days <b>20</b> IF UNDER 24 HR: Hours <b>6</b> Min. <b>20</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>KANSAS CITY MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>		
13a. FATHER'S NAME <b>VIRGIL JOHNSON</b>			13b. MOTHER'S MAIDEN NAME <b>BARBARA KNAPP</b>			14. NAME OF HUSBAND OR WIFE <b>—</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>None</b>		17. INFORMANT <b>VIRGIL JOHNSON</b>			Address <b>807 MYRTLE</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>Prematurity</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs 20 min.</b>		
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		
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 _____ 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>July 18, 1960</b> to <b>July 18, 1960</b> and last saw <sup>them</sup> him alive on <b>July 18, 1960</b> Death occurred at <b>5:15 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Charter I. Bate, Jr., MD</b>				22b. ADDRESS <b>9406 C. 63d</b>			22c. DATE SIGNED <b>July 20, 1960</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>7-21-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt Washington</b>		23d. LOCATION (City, town, or county) (Site) <b>KANSAS CITY MO</b>				
24. FUNERAL DIRECTOR <b>SHEIL FUNERAL HOME 6606 INDER AVE.</b>			25. DATE RECD. BY LOCAL REG. <b>7-20-60</b>		26. REGISTRAR'S SIGNATURE <b>neva minshall</b>				

DOCUMENT

MEDICAL CERTIFICATION

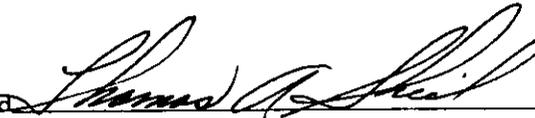
BY AFFIDAVIT OF

Charter I. Bate

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed  \_\_\_\_\_

Licensed Embalmer No. 4954

P. O. Address S. C. Mo

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