RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4337

60-030605
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
Length of stay in Ib: 5 Das
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Research
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Raytown
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9201 E 59th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: William Middle: Albert Last: Johannes
4. DATE OF DEATH: Month: Aug Day: 21 Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-9-1881
9. AGE (last birthday): 79
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): Sales Man
10b. KIND OF BUSINESS OR INDUSTRY: Golden Star Polish
11. BIRTHPLACE (City and state or country): Prairie City, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Leonard Johannes
13b. MOTHER'S MAIDEN NAME: Mary Eliz Gerken
14. NAME OF HUSBAND OR WIFE: Minnie E. Johannes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 551-01-4696
17. INFORMANT: Mrs. Minnie E. Johannes Address: 9201 E 59th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic Coronary heart disease
INTERVAL BETWEEN ONSET AND DEATH: 5 years?
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 59, to 21 Aug 60 and last saw him alive on 21 Aug 1960
Death occurred at 8:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack M Davis M.D.
22b. ADDRESS: Raytown Mo
22c. DATE SIGNED: 23 Aug 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 24, 1960
23c. NAME OF CEMETERY OR CREMATORY: Ashland Cem.
23d. LOCATION (City, town, or county) (State): St. Joseph Mo.
24. FUNERAL DIRECTOR: Kepley-Hinton ADDRESS: Raytown, Mo.
25. DATE RECD. BY LOCAL REG.: 8-23-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Jack M. Davis MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John R. Sidn

Licensed Embalmer No. 453

P. O. Address Kansas C

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