URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

-60-030611

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3982

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 14 yrs. — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1714 1/2 E. 8TH — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle — Last JOHNSON
4. DATE OF DEATH: Month AUGUST Day 2 Year 1960
5. SEX: Male
6. COLOR OR RACE: Caus.
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Oct 3, 1939
9. AGE (last birthday): 20
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): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): ST. Joseph, MO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Ralph Johnson
13b. MOTHER'S MAIDEN NAME: Mildred Bradley
14. NAME OF HUSBAND OR WIFE: None
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.: None
17. INFORMANT: MR. Ralph Johnson Address: 1714 1/2 E 8th

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Postoperative Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs.
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 July 28 1960, to Aug 2 1960 and last saw her/him alive on Aug 1, 1960
Death occurred at 5 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hector W. Benoit Jr (Degree or title) MD
22b. ADDRESS 4620 Nichols Pkwy K.C. Mo
22c. DATE SIGNED Aug 3, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Aug. 4, 1960
23c. NAME OF CEMETERY OR CREMATORY: Chapel Hill Memorial Gardens
23d. LOCATION (City, town, or county) (State): Kansas City, Kansas
24. FUNERAL DIRECTOR: Muehlebach
ADDRESS: 6800 TROOST
25. DATE RECD. BY LOCAL REG.: 8-3-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Hector W. Benoit, Jr MEDICAL CERTIFICATION

DOCUMENT

ENDED

Dr. Benoit
Research Corp.

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_____ Signed R. L. Nichols
Signature of Student Embalmer

Licensed Embalmer No. 4997

P. O. Address K. C. Mo

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