

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042081

FILED VS NOV 17 1960

149

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

5423

STATE FILE NUMBER

DED

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) OR TOWN KANSAS CITY		Length of stay in lb FEW MINUTES		c. CITY OR TOWN INDEPENDENCE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF DECEASED in hospital, give location HOSPITAL OR HOME IN PRIVATE RESIDENCE Raytown K.C., GENERAL HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 11321 East 40th. STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ENOCH A. Middle JOHNSON Last				4. DATE OF DEATH Month October Day 26, Year 1960				
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 1/13/06	9. AGE (last birthday) 54	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER		10b. KIND OF BUSINESS OR INDUSTRY C & J TAVERN		11. BIRTHPLACE (City and state or country) DANBY, MISSOURI		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME ENOCH JOHNSON		13b. MOTHER'S MAIDEN NAME MARY E. FIELDS		14. NAME OF HUSBAND OR WIFE MILDRED W. 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.		17. INFORMANT 14521 E. 40TH ST. MILDRED W. JOHNSON INDEPENDENCE, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock + hemorrhage DUE TO (b) Left Contusions Chest & ribs DUE TO (c) Massive hemorrhage mechanism						INTERVAL BETWEEN ONSET AND DEATH		
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 checked="" 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.) Two car collision						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 10-26-60	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.) Highway	20f. CITY, TOWN, OR LOCATION Kansas City	COUNTY Jackson	STATE MO			
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 5:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) W. Newcomer			22b. ADDRESS 152 Union Station		22c. DATE SIGNED 10-28-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 28, 1960	23c. NAME OF CEMETERY OR CREMATION ROSE HILL CEMETERY		23d. LOCATION (City, town, or county) BRECKENRIDGE MISSOURI		(State)		
24. FUNERAL DIRECTOR W. NEWCOMER'S SONS KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 10-28-60	26. REGISTRAR'S SIGNATURE H. L. Dwyer				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HIGH OWENS

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 *Vern Lawler*

Licensed Embalmer No. 4915

P. O. Address K.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.