

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 12 1960

5822-60-042084

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5822

IDED

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 1b 23 years		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 General Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1015 E. ARMOUR		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First ROBERT Middle E Last JOHNSON				4. DATE OF DEATH Month NOV. Day 18. Year 1960					
5. SEX MALE	6. COLOR OR RACE CAUC.	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JUNE 6, 1896	9. AGE (last birthday) 74	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.) MANAGER - FINANCE CO.			10b. KIND OF BUSINESS OR INDUSTRY FINANCE CO.		11. BIRTHPLACE (City and state or country) CAWKER CITY, KANSAS		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Rev. James F. Johnson			13b. MOTHER'S MAIDEN NAME FANNIE Rhodes		13c. NAME OF HUSBAND OR WIFE MARGARET 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. -		17. INFORMANT Address MARGARET JOHNSON 1015 E. ARMOUR				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 1 hr.		
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. <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 1959 to 11-18-60 and last saw her/him alive on 10-60 Death occurred at 6 P on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Mark Dodge (Degree or title) MD			22b. ADDRESS 1500 W			22c. DATE SIGNED 11-19-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 19-60	23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) Wilene, Kansas				
24. FUNERAL DIRECTOR Muehlebach		ADDRESS 6800 TROOST		25. DATE RECD. BY LOCAL REG. 11-19-60		26. REGISTRAR'S SIGNATURE H-L-Dwyer			

DOCUMENT

MEDICAL CERTIFICATION

Mark Dodge

BY AFFIDAVIT OF

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 R. E. Michals

Licensed Embalmer No. 499

P. O. Address K. C.

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