RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-048742
STATE FILE NUMBER

FILED VS JAN 23 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6480

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: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Linn
c. CITY OR TOWN La Cygne
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Doris Middle Louise Last Johnson
4. DATE OF DEATH: Month 12 Day 24 Year 60
5. SEX Fe
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-16-16
9. AGE (last birthday) 44
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Homemaker
11. BIRTHPLACE (City and state or country) Sabatha, Kans.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Issac Davis
13b. MOTHER'S MAIDEN NAME Cora Zug
14. NAME OF HUSBAND OR WIFE Lloyd Johnson
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. (Not available)
17. INFORMANT Lloyd Johnson Address La Cygne Ks.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Respiratory Failure	15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral Vascular Insufficiency	2 hours
DUE TO (c)	Acute Leukemia	2 weeks

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 12-21-60, to 12-24-60 and last saw her/him alive on 12-24-60
Death occurred at 6:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George K Boyd (Degree or title) MD.
22b. ADDRESS 1630 Professional Bldg Kansas City Mo
22c. DATE SIGNED 12-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-24-60
23c. NAME OF CEMETERY OR CREMATORY Albany Cemetery
23d. LOCATION (City, town, or county) Sabatha (State) Kans.

24. FUNERAL DIRECTOR Mangold Funeral Home ADDRESS La Cygne, Ks.
25. DATE RECD. BY LOCAL REG. 12-25-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF George K. Boyd MEDICAL CERTIFICATION DOCUMENT

DEC 11 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert L. Mango

Signature of Student Embalmer

Licensed Embalmer No. 497

P. O. Address La Cygne

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.