MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-001450
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 497

FILED VS FEB 14 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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: 16 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Trinity Lutheran Hosp. — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): SALEM HOME 3008 Baltimore — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: TINA Middle: (N.M.M.) Last: JOHNSON

4. DATE OF DEATH: Month: Jan. Day: 28 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 5/10/1877
9. AGE (last birthday): 83 yrs. — 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): cook
10b. KIND OF BUSINESS OR INDUSTRY: private homes
11. BIRTHPLACE (City and state or country): Skane, Sweden
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Jans Johnson
13b. MOTHER'S MAIDEN NAME: Boel Persson
14. NAME OF HUSBAND OR WIFE: never married

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: C.H.Lind — Address: 2119 Nebr. K.C.Ks.

MEDICAL CERTIFICATION

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 Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis, gen, severe — years.
DUE TO (c): Hypertension, arterial, severe — years
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 Jan 5, 1959 to Jan 28, 1960 and last saw her alive on 1/28/60
Death occurred at 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: E Pearson (Degree or title): M.D.
22b. ADDRESS: 1025 Rialto Bldg. K.C.Mo.
22c. DATE SIGNED: 1/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/31/61
23c. NAME OF CEMETERY OR CREMATORY: Memorial Pk. Cem.
23d. LOCATION (City, town, or county) (State): Kansas City, Ks.

24. FUNERAL DIRECTOR: Geo. F. Porter & Sons — ADDRESS: K.C.Ks.
25. DATE RECD. BY LOCAL REG.: 1-30-61
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 19th & Minnesota
Kansas City, Ks.

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