

MISSOURI DIVISION OF HEALTH AND WELFARE

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

981-61-008883
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 981

FILED VS MAR 13 1961

| | | | | | |
|---|---|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> | | Length of stay in 1b <u>38yrs</u> | c. CITY OR TOWN <u>Kansas City</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2759 E. 27th St.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>2759 E. 27th</u> | | |
| 3. NAME OF DECEASED (Type or print) First <u>Will</u> Middle <u>Johnson</u> Last <u>Johnson</u> | | | 4. DATE OF DEATH Month <u>2</u> Day <u>21</u> Year <u>61</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-24-92</u> | 9. AGE (last birthday) <u>68</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Barber</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u> | 11. BIRTHPLACE (City and state or country) <u>Whiteville, Tenn.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>Bill Johnson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Chaney Hull</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lucille Johnson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWI</u> | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Lucille Johnson 2759 E. 27th</u> | |
| 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) <u>Mitral Insufficiency</u> | | | | | <u>6yrs</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> | | | | | <u>6yrs</u> |
| DUE TO (c) <u>Rheumatoid Arthritis</u> | | | | | <u>6yrs</u> |
| 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 <u> </u> a.m. <u> </u> p.m. | 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.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>Dec. 10, 1955</u> to <u>Feb. 21, 1961</u> and last saw her/him alive on <u>Feb. 21, 1961</u> Death occurred at <u>2:30P M</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>M. C. Lewis, M.D.</u> | | | 22b. ADDRESS <u>210 Lincoln Bldg.</u> | | 22c. DATE SIGNED <u>2-23-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-27-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>National</u> | | 23d. LOCATION (City, town, or county) (State) <u>Ft. Leavenworth, Kansas</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Watkins Bros. Funeral Home 18th Benton</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-24-61</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> | | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. C. Lewis

ITEM NO. SHOULD READ

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

Dr. R. Watkins

Licensed Embalmer No. 4500

P. O. Address 1st Benton

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.