

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017450
STATE FILE NUMBER

FILED MAY 20 1961
AMENDED
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2381

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

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 14 yrs		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) 2437 Troost Ave		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Johnnie H. Freeman				4. DATE OF DEATH Month Day Year May 12 1961									
5. SEX male		6. COLOR OR RACE Negro		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10 27 1914		9. AGE (last birthday) 46		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) truck driver				10b. KIND OF BUSINESS OR INDUSTRY city Of K. C. Mo		11. BIRTHPLACE (City and state or country) Pine Bluff Ark		12. CITIZEN OF WHAT COUNTRY U S A					
13a. FATHER'S NAME Nathaniel Freeman				13b. MOTHER'S MAIDEN NAME Gussie Tony				14. NAME OF HUSBAND OR WIFE none					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-2						17. INFORMANT (sister) 1728 W Philadelphia St Gussie M. Parham Detroit Mich.							
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) Shock													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.													
DUE TO (b) Hemothorax Right													
DUE TO (c) Penetrating Stab Wound of Right Lung													
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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 8:25 Month, Day, Year 5/12/61													
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) 2437 Troost		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo		COUNTY		STATE					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Deputy Coroner										22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 5/13/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 5 17 1961		23c. NAME OF CEMETERY OR CREMATORY National Cemetery				23d. LOCATION (City, town, or county) Ft. Leavenworth Kansas		STATE			
24. FUNERAL DIRECTOR C. K. Kerford				ADDRESS Funeral Home K. C. Mo.		25. DATE RECD. BY LOCAL REG. 5-15-61		26. REGISTRAR'S SIGNATURE Ruth Song					

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 *C. Kenneth Raymond*

Licensed Embalmer No. 4457

P. O. Address 914 Mo

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.