

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-021320

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3055

FILED JUL 5 1961

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, Missouri		Length of stay in 1b 30 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 Downtown Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2622 E. 33rd Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **Vivian** Middle **Aillen** Last **Johnson** 4. DATE OF DEATH Month **6** Day **15** Year **61**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-7-1909** 9. AGE (last birthday) **52**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **License Practical Nurse** 10b. KIND OF BUSINESS OR INDUSTRY **Leeds Sanitarium** 11. BIRTHPLACE (City and state or country) **Caldwell Kansas** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Thomas Peyton** 13b. MOTHER'S MAIDEN NAME **Florence Turner** 14. NAME OF HUSBAND OR WIFE **Widow**

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 (Sister) Address **Mrs. LaVeta Steemer - 1710 E. 28th St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **diabetic coma** INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **severe suppurative pyelonephritis with extensive necrosis right kidney**
DUE TO (c) **suggestive necrosis of pituitary gland**

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 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 **6-14-61** to **6-15-61** and last saw her alive on **6-15-61**. Death occurred at **6-15-61 4:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Carl G. Santoro** (Degree or Title) **M.D.** 22b. ADDRESS **1222 McGee - Kansas City, Mo.** 22c. DATE SIGNED **6-16-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6-19-61** 23c. NAME OF CEMETERY OR CREMATORY **Blue Ridge Lawn** 23d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

24. FUNERAL DIRECTOR ADDRESS **WATKINS BROS. FUNERAL HOME 18th & Benton** 25. DATE RECD. BY LOCAL REG. **6-19-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Carl G. Santoro

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 Bruce R. Warkentin

Licensed Embalmer No. 4502

P. O. Address 18th & Pearl

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.