

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-025262

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3405

STATE FILE NUMBER

FILED JUL 26 1961

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
2 yrs.

c. CITY OR TOWN Kansas City,

Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3328 Garfield Ave.

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location)
3328 Garfield

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)

First Luvenia

Middle

Last Johnson

4. DATE OF DEATH

Month July

Day 4

Year 1961

5. SEX
female

6. COLOR OR RACE
Negro

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH
11-20-77

9. AGE (last birthday)
83

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days 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

11. BIRTHPLACE (City and state or country)
Skicica County, Ark.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Jasen Stewart

13b. MOTHER'S MAIDEN NAME

Luvenia

14. NAME OF HUSBAND OR WIFE

Calape Johnson

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.
none

17. INFORMANT

Martha Rule, K. C. Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Failure

INTERVAL BETWEEN ONSET AND DEATH

1 Week

DUE TO (b)

Hypertension

12-25

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART II. 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 16 - 1958 to July 4, 1961 and last saw her/him alive on July 4, 1961
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Emmett F. Walls MD

1628 Stewart

7-6-61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE

7-7-61

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mrs. Meek's Mortuary, K. C. Mo.

7-7-61

Keith Long

DATE AMENDED

INSTEAD OF

DOCUMENT

Emmett F. Walls MD MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Hazel M. Hendry

Licensed Embalmer No. 4943

P. O. Address R. C. M

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.