

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-029370

STATE FILE NUMBER

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 4201

FILED SEP 8 1961

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in lb <b>55 Years</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1309 Brush Creek Blvd.</b>		d. STREET ADDRESS (If outside, give location) <b>5933 Rockhill Rd.</b>	
3. NAME OF DECEASED (Type or print) First <b>Myrtle</b> Middle <b>Jane</b> Last <b>Johnson</b>		4. DATE OF DEATH Month <b>Aug.</b> Day <b>20</b> Year <b>1961</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-18-94</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Florist - Owner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Janes Florists 414 Troost</b>	
11. BIRTHPLACE (City and state or country) <b>St. Joseph, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Clarence T. Stewart.</b>		13b. MOTHER'S MAIDEN NAME <b>Mary F. Pumphrey</b>	
14. NAME OF HUSBAND OF DECEASED <b>Edward H. Johnson</b>		17. INFORMANT Address <b>Clarence M. Stewart 11712 E. 43rd.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			

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 <b>15 min</b>
IMMEDIATE CAUSE (a) <b>Coronary occlusion</b>		
DUE TO (b) <b>arteriosclerosis</b>		
DUE TO (c) <b>hypertension</b>		
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 <b>8:25</b> a.m. p.m. Month, Day, Year <b>Aug. 23, 1961</b>	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.) <b>14600 Troost Ave. K.C. Mo.</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Kansas City Missouri</b>
21. I attended the deceased from <b>8-20-61</b> to <b>8-20-61</b> and last saw her alive on <b>8-20-61</b> Death occurred at <b>10:25 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>L. Hardy MD</b>		22b. ADDRESS	22c. DATE SIGNED <b>8/20/61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 23, 1961</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Mt. Moriah Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
24. FUNERAL DIRECTOR <b>D. W. Newcomer's Sons Kansas City, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>8-23-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

BY AFFIDAVIT OF MEDICAL CERTIFICATION

DATE AMENDED INSTEAD OF DOCUMENT SHOULD READ ITEM NO.

**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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address KC 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.