

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032930

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered District No. 149 Primary Registration District No. 1002 Registrar's No. 4455 STATE FILE NUMBER

AMENDED

FILED SEP 20 1961

1. PLACE OF DEATH a. COUNTY <u>3217 Cleveland, Jackson Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>3217 Cleveland, K.C.MO.</u> Length of stay in 1b <u>3 1/2 yrs.</u>		c. CITY OR TOWN <u>K.C. 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>Mallotte Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3925 Terrace</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ORA</u> Middle <u>---</u> Last <u>JOHNSON</u>		4. DATE OF DEATH Month <u>9</u> - Day <u>4</u> - Year <u>1961</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-18-1877</u> 9. AGE (last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>	11. BIRTHPLACE (City and state or country) <u>St. Clair Co. Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert Sproull</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Stroud</u>	14. NAME OF HUSBAND OR WIFE <u>Geo. Johnson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Roy Sproull</u> Address <u>13925 Terrace K.C.MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>10 years</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 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. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input 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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>1-1-60</u> to <u>9-4-61</u> and last saw her/him alive on <u>9-4-61</u> . Death occurred at <u>6:20 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Frank Paul Laurezana M.D.</u> (Degree or title)		22b. ADDRESS <u>428 S. White Ave</u>	22c. DATE SIGNED <u>9-4-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-7-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Memo.</u>	23d. LOCATION (City, town, or county) (State) <u>K.C.MO.</u>
24. FUNERAL DIRECTOR <u>Floral Hills Chapels</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-7-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF
 Frank Paul Laurezana, M.D.

Dr. Lawrence
L. Powell

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 *E. M. Jordan*

Licensed Embalmer No. 3453

P. O. Address K. E. ...

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.