

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011089

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1719

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 5 1962

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Length of stay in lb <b>5 days</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b> c. CITY OR TOWN <b>Shawnee Mission</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>4721 Belinder Ct.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>ROY</b> Middle <b>A</b> Last <b>JOHNSON</b>		<b>4. DATE OF DEATH</b> Month <b>March</b> Day <b>25</b> Year <b>1962</b>	
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>11/27/00</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>General Motors</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Bates County, Missouri</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>U. S. A.</b>
<b>13a. FATHER'S NAME</b> <b>John Ephriam Johnson</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Eva May Pumphrey</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>17. INFORMANT</b> <b>Violet Johnson, 4721 Belinder Ct., Shawnee Mission, Ks.</b>	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ventricular fibrillation</b> DUE TO (b) <b>Anterior myocardial infarction</b> DUE TO (c) <b>Coronary atherosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>Immed.</b> <b>Unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Gastritis</b>			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
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>
<b>21. I attended the deceased from</b> <u>3/13/62</u> to <u>3/25/62</u> and last saw her/him alive on <u>3/24/62</u> Death occurred at <u>6:50 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		<b>22a. SIGNATURE</b> (Degree or title) <i>Philip D Reister</i>	
<b>22b. ADDRESS</b> <b>518 Argyle Blvd</b>		<b>22c. DATE SIGNED</b> <b>3/26/62</b>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>removal</b>	<b>23b. DATE</b> <b>3/28/62</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Gardens</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Johnson County, Kansas</b>
<b>24. FUNERAL DIRECTOR</b> <b>5540 Johnson Drive</b> <b>D.W. Newcomer's Sons, Mission, Kansas</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>3-27-62</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Ruth Long</i>

DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 Philip D Reister MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

VS 300 Rev. 4/59  
 1  
 2 *8/5/62*  
 3  
 4 *0*  
 5 *1*  
 6  
 7 *0*  
 8 *1*  
 9 *420.1*  
 10  
 11  
 12 *64.0*  
 13

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Phillip D. Parster  
518 Arkhyle Blvd  
1102

**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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, 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.