S. No. 300
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FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4966

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 666

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City Mo. c. LENGTH OF STAY (In this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION The Children's Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Lafayette Co
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lexington - Missouri
d. STREET ADDRESS (If rural, give location) Rock St. 1

3. NAME OF DECEASED (Type or Print)
a. (First) Jerry b. (Middle) Dean c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) 2-13-49

5. SEX M **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) never married **8. DATE OF BIRTH** 2-4-49 **9. AGE** (In years last birthday) — If under 1 year: Months — Days 9 Hours 5 Min. 12

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant **10b. KIND OF BUSINESS OR INDUSTRY** **11. BIRTHPLACE** (State or foreign country) Lexington - Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Herbert **13b. MOTHER'S MAIDEN NAME** Geraldine Nelson **14. NAME OF HUSBAND OR WIFE** —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** — **17. INFORMANT'S SIGNATURE OR NAME** Herbert Johnson **ADDRESS** Lexington Mo.

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 776+

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** None **20. AUTOPSY** YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21c.** (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 2-4, 1949, *to* 2-13, 1949, *that I last saw the deceased alive on,* 2-13, 1949, *and that death occurred at* 1:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE E.C.H. Schmidt (Degree or title) M.D. **23b. ADDRESS** The Children's Mercy Hospital **23c. DATE SIGNED** 2-13-49

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** **24c. NAME OF CEMETERY OR CREMATORY** **24d. LOCATION** (City, town, or county) Lexington (State) Mo.

DATE REC'D BY LOCAL REG. 2-13-49 **REGISTRAR'S SIGNATURE** Geraldine Holmes **25. FUNERAL DIRECTOR'S SIGNATURE** Temple Funeral Home **ADDRESS** Lexington Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....Not embalmed., Student Embalmer No. .....,

working under my personal supervision.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.