ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5013

-61-036994 STATE FILE NUMBER

AMENDED

FILED OCT 19 1961

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY
Length of stay in 1b: 69 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2836 Benton
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LEONARD Middle SYLVESTER Last JOHNSON

4. DATE OF DEATH: Month OCTOBER Day 7 Year 1961

5. SEX: MALE

6. COLOR OR RACE: NEGRO

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 10-11-90

9. AGE (last birthday): 71

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Marshall, Missouri

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

13a. FATHER'S NAME: Vincent Johnson

13b. MOTHER'S MAIDEN NAME: Matilda Henderson

14. NAME OF HUSBAND OR WIFE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. —

17. INFORMANT Address: VA HOSPITAL OFFICAL RECORDS, K. C. MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, BILATERAL
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ENCEPHALOMALACIA, RT. PARIETAL LOBE, OLD
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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

PART III. 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

MEDICAL CERTIFICATION

I VA attended the deceased from 9-15-61 to 10-7-61

Death occurred at 7:30 a. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James M. Flynn M.D.

22b. ADDRESS VA Hospital, K. C. Mo.

22c. DATE SIGNED 10-7-61

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

23b. DATE 10-10-61

23c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery

23d. LOCATION (City, town, or county) (State) Marshall, Missouri

24. FUNERAL DIRECTOR ADDRESS Mrs. Meek's Mortuary, K. C. Mo.

25. DATE RECD. BY LOCAL REG. 10-9-61

26. REGISTRAR'S SIGNATURE Kenneth Long

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF James M. Flynn

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

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 Millard B Parker

Licensed Embalmer No. 5013

P. O. Address F. C. Ma

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.