

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28606

FILED SEP 4 - 1952  
BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5627 Registrar's No. 125

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

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Franklin T. S.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Franklin T. S.	
c. LENGTH OF STAY (in this place) 80 yrs.		d. STREET ADDRESS (If rural, give location) Oakland 0530	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Oakland			

3. NAME OF DECEASED a. (First) Sarah b. (Middle) J. c. (Last) Johnson			4. DATE OF DEATH (Month) (Day) (Year) August 16, 1952					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 8, 1868	9. AGE (In years last birthday) 84	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME William Soward	13b. MOTHER'S MAIDEN NAME Martha Bowman	14. NAME OF HUSBAND OR WIFE T.R. Johnson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. C. R. Hurd, Oakland, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Chronic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 4222
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 13, 1951, to Aug 8, 1952, that I last saw the deceased alive on Aug 8, 1952, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE J. H. Johnson	(Degree or title) MO	23b. ADDRESS Lebanon Mo	23c. DATE SIGNED 8/19/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/19/52	24c. NAME OF CEMETERY OR CREMATORY Whitson Cemetery	24d. LOCATION (City, town, or county) (State) Laclede Co. MO
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DATE REC'D BY LOCAL REG. 8-23-1952	REGISTRAR'S SIGNATURE Hella S. May	424 FEDERAL DIRECTOR'S SIGNATURE Palmer	ADDRESS Lebanon Mo.
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Received SEP 2 1952

Laclede County Health Unit

File No. 9-52-116

Date Filled SEP 2 1952

2567 / 1952

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed S. R. Palmer

Signed.....  
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address Zetanon 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 this body is not embalmed, fact should be so stated above.