

31631

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 91

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| 1. PLACE OF DEATH a. COUNTY <u>Howard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u> | |
| c. LENGTH OF STAY (in this place) <u>2 days</u> | | d. STREET ADDRESS (If rural, give location) <u>303 S. Main St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Sarah</u> | | b. (Middle) <u>Jane</u> | |
| c. (Last) <u>Johnson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 13, 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>May 29, 1865</u> |
| 9. AGE (In years last birthday) <u>88</u> | | 10. MONTHS <u>3</u> | 11. DAYS <u>14</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Grundy Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John C. Denny</u> | | 13b. MOTHER'S MAIDEN NAME <u>Martha Ann Tolson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Walter Casper Johnson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Denny Johnson</u> | | ADDRESS <u>Fayette, Mo</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endarteritis sclerosans of leg.</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mild uremia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yr.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb.</u> , 19 <u>50</u> to <u>Sept 13</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Sept 13</u> , 19 <u>53</u> and that death occurred at <u>10:25 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Mr. J. Shaw M.D.</u> | | 23b. ADDRESS <u>Fayette Mo.</u> | |
| 23c. DATE SIGNED <u>9-14-53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9/16/53</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>9-14-53</u> | | REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph A. Carr</u> | | ADDRESS <u>Fayette, Mo</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48

1933 112 03

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
Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette, 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.