CREENE  B. CITY (If centate secondarial posterial pulls, errice BURAL and direction of the Commendation of	<b>5</b> ]]	CHED THE A	™ 10EA				ALTH OF N			•	71 . II(e)	iiry Kna	
1. PLACE OF DEATH  6. COUNTY GREENE  6. CITY TOWN SPRINGFIELD  7. MANSAS  7. MARKED OF AT AN ANSAS  7. MARKED PRINGFIELD  7. MARKED PRINGF		TILED JAN 4	1954	STA	NDARD	CERTIF	ICATE O	F DEA	\TH	St	ate File No	4254	b
a. STATE MISSOURI D. COUNTY GREENE  b. CITY (If outsides conjunts traits, write BUBAL and give tournship) SPRINGFIELD  convenience SPRINGFIELD  d. FULL NAME OF (If not in benefits to institution, give series address or location) TOWN SPRINGFIELD  d. FULL NAME OF (If not in benefits to institution, give series address or location) TALE SERVICE (If not in benefits to institution, give series address or location) TALE SERVICE (If not in benefits to institution, give series) TALE DORES  3. NAME OF (If not in benefits to institution, give series) TALE OF SERVICE TOWN SPRINGFIELD  5. SEX / S. COLOR (IR RACE   NAME OF INSTITUTION) TOWN SPRINGFIELD  5. SEX / S. COLOR (IR RACE   NAME OF COLOR (IR		BIRTH NO.		REG. D	IST. NO	128							<b></b>
D. CITY of controls compared limits, write BUBAL and after OR OR TOWN SPRINGFIELD CONTROL CONT		· COUNTY					2. USUAL a. STATE						nos befor
OF TOWN SPRINGFIELD  OF TOWN S	_						<u> </u>	MTP	SOUR	<u> </u>	<del></del>		<del></del>
NAME OF a. (First)  D. SARAH  D. BOWMAN  OF THE DEC. 27, 1953  S. SEX  S. COLOR OF RACE  WHITE  100. USUAL OCCUPATION (Give stand of work down during in good of works after the stand of work down during in good of works after the stand of work down during in good of works after the stand of work down during in good of works after the stand of work down during in good of works after the stand of work down during in good of works after the stand of work down during in good of works after the stand of work down during in good of works after the stand of works.  ANDERSON WALL  13. MOTHER'S MAIDEN NAME  ANDERSON WALL  15. WAS DECEASED EVER IN U. S. ARRED FORCES!  16. SOCIAL SECURITY  NONE  NONE  17. INFORMANT'S SIGNATURE OR NAME  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  DIESTAM COUNTY  MOTHER'S M	_	OR		to	give ownship) STA	Y (in this place)	ll OR	SPR	INGF	IELD	d. Ы 1 d с Y	Residence within its ity or incorporated it as No	itta of jown.?
3. NAME OF DECEASED DECEASED SARAH  DECEASED (Type or Print)  DECEASED (Type or Print		d. FULL NAME OF HOSPITAL OR INSTITUTION				or location)	. STREET ADDRESS	74			AS	0399	0
SARAH  S. SEX  FEMALE  WHITE  10a. USUAL OCCUPATION (One-bind of each but one down and interest only one advantage life, even if retained)  HOME  13b. MOTHER'S MADE  ANDERSON  WALL  S. WAS DECEASED EVER IN U.S. ARRES FORCES!  (Yes, 1so, 1so, 1so, 1so, 1so, 1so, 1so, 1s		3. NAME OF				dle)	c. (La	st)		4. DATE	(Month	) (Day) (	Year)
5. SEX   6. COLOR GR RACE   7. MARRIED NEVER MARRIED   28. DATE OF BIRTH   1872			SARAH		Ι	).	BOWM	AN		DEATH	DEC.	27, 19	53
FEMALE   WHITE   WIDOW   DEC. 28, 1872   80   100. USUAL OCCUPATION (Give kind of work of the file were in relieved places during any of working life, were in relieved   100. KIND OF BUSINES OR IN HOME   130. MOTHER'S MAND   130. MOTHER'S MAIDEN NAME			COLOR GR RACE	7. MARR	IED, NEVER	MARRIED,	8. DATE OF B	IRTH					
Common during maps of working life, aven if rectived   Home   DUSTRY   MISSOURI   CUNNY   MISSOURI   MISSOURI   MISSOURI   MISSOURI   MISSOURI   MISSOURI   MISSOUR		FEMALE'	WHITE	WIDO		ED (Specify)	DEC.28	, 18	72	8(	) Month	Days Hours	Min.
38. FATHER'S NAME  ANDERSON WALL  15. WAS DECEASED EVER IN U.S. ARMED FORCES!  16. SOCIAL SECURITY  NONE  17. INFORMANT'S SIGNATURE OR NAME  NONE  MRS MYRTLE PHILLIPS 726 W. PERSHIN  INTERVAL BETWEEN  ANTECEDENT CAUSES  Ambide conditions, 1/2 any, giring the ward of dathing the waderlying cause last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not be death but not which caused death.  19. MAJOR FINDINGS OF OPERATION  19. MAJOR FINDINGS OF OPERATION  21. ACCIDENT  SUICIDE  HOMICIDE  21. TIME (Moostb) (Day) (Year) (Flour)  22. I hereby certify that I attended the deceased from MILLIPY  22. I hereby certify that I attended the deceased from MILLIPY  23. AND	1	Oa. USUAL OCCUPATI done during most of work HOME	ON (Clive kind of working life, even if retired)	i		ESS OR IN- DUSTRY	11. BIRTHPLA	CE (Cit				12. CITIZENO COUNTRY	A .
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. MRS. MYRTLE PHILLIPS 726 W. PERSHIN NO. MRS. MYRTLE PHILLIPS 726 W. PERSHIN NO. MRS. MYRTLE PHILLIPS 726 W. PERSHIN MRS. MYRTLE PHILLIPS 726					136. MOTHE	R'S MAIDEN	NAME		14. NA	WE OF HUSB	AND OR W	IFE	_
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? IG. SOCIAL SECURITY NO. MRS MYRTLE PHILLIPS 726 W. PERSHI NO. B. C. WILLIAM OF THE PHILLIPS 726 W. PERSHI NO. MRS MYRTLE PHILLIPS 726 W. PERSHI NO. MRS MYRTLE PHILLIPS 726 W. PERSHI NO. B. C. W. P. PERSHI NO. B. C. W. P. PERSHI NO. W		ANDERS	ON WALL				LONG			X_X	XX		
NO NONE MRS MYRTLE PHILLIPS 726 W. PERSHI MEDICAL CERTIFICATION  18. CAUSE OF DEATH Enter only one course per lime for (a), (b), and (c)  "This does not mean the mode of drying, such as heart fallure, esthemic, esthemic, etc. It means the discount filter of conditions, if any, giving the underlying course last.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not county death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not county death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not county death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not county death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not county death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not county death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not county death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not county death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not county death.  DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not county death.  Due TO (c)  12. ACCIDENT  SUICIDE  HOMICIDE  HOMICIDE  12. Monthly (County)  12. HOW DID INJURY OCCURT  MILLEAT  MONTHLIP  22. I hereby certify that I attended the deceased from MONTHLIP  MONTHLIP  22. I hereby certify that I attended the deceased from MONTHLIP  MONTHLIP  22. I hereby certify that I attended the deceased from MONTHLIP  MONTHLIP  22. I hereby certify that I attended the deceased from MONTHLIP  MONTHLIP  MONTHLIP  22. I hereby certify that I attended the deceased from MONTHLIP  MONTHLIP  MONTHLIP  22. I hereby certify that I attended the deceased from MONTHLIP  MONTHLIP  MONTHLIP  22. NAME OF CEMETERY OR CEMENATORY  MONTHLIP  22. NAME OF CEMETERY OR	•	IS. WAS DECEASED EV	ER IN U.S. ARMED I		16. SOCIAL	SECURITY	17. INFORM	ANT'	S SIGN.	ATURE OR	· · · · · · · · · · · · · · · · · · ·		RESS
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, eschenial, etc. It means the discase, injury, or compilior from which caused death.  DUE TO (c)  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT  19b. MAJOR FINDINGS OF OPER		NO (I	II yes, give war or dates	01 201.4106)	NO	ONE "O.	MRS MY	RTLE	PHI	LLIPS	726 1	W. PERS	HIN
Enter only one cause per line for (a), (b), and (c) line for (a), (b), and (c), and			• •	,	. M		ERTIFICAT	ION	1	, ,	` .	INTERVAL B	ETWEE
**This does not meen the mode of dying, such as heart failure, eitheria, etc. It means the discussed course (a) stating the underlying course (a).  19a. DATE OF OPERA!  19b. MAJOR FINDINGS OF OPERATION  21e. ACCIDENT (Speelty)   21b. PLACE OF INJURY (e.e., in or shout home, farm, factory, street, office bidg., seo.)  19c. ACCIDENT (Mossb) (Day) (Year) (Hour)   21e. INJURY OCCURRED HOMICIDE  21d. TIME (Mossb) (Day) (Year) (Hour)   21e. INJURY OCCURRED HOMICIDE  22d. ATHORY (Mossb) (Day) (Year) (Hour)   21e. INJURY OCCURRED HOMICIDE  22d. ATHORY (Mossb) (Day) (Year) (Hour)   22e. Individual of ATHORY (MORY)   23e. ADDRESS   23e.		Enter only one cause per	I. DISEASE OR CO	ONDITION ING TO DE	ATH (a)	riterio	sclero	tic K	last	dice	asl	- Unkus	<u> </u>
the mode of dying, such as heart fallure, authentia, etc. It means the death above cause (a) stating the underlying cause last.  DUE TO (c)  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT (Specity)  SUICIDE  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT (Specity)  SUICIDE  21d. TIME (Moostb) (Day) (Year)  INJURY  21d. TIME (Moostb) (Day) (Year)  WORKT NOTWHILE  21d. Time (Moostb) (Day) (Year)  WORKT NOTWHILE  22d. I hereby certify that I attended the deceased from ATWORK ATWORK ATWORK (A)	ĺ					$\mathbb{Z} \setminus \mathbb{A}$	2:11	Po (	Dana	44 A A	Tham.	7 - 8	ha
DUE TO (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition counting death.  19a. DATE OF OPERA- TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT HOMICIDE  21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bidg, sec.) HOMICIDE  21d. TIME (Mostb) (Day) (Year)  21b. INJURY OCCURRED WHILE AT HOT WHILE OF INJURY  22 I hereby certify that I attended the deceased from MORK AT WORK  21d. TOWN, OR TOWNSHIP)  21d. HOW DID INJURY OCCUR?  21d. HOW DID INJURY OCCUR?  21d. HOW DID INJURY OCCUR?  22d. BURIAN  23d. ADDRESS  23d. SIGNATURE  (Degree or title)  23d. ADDRESS  24d. NAME OF CEMETERY OR CREMATORY  AND LOCATION (City, town, or county)  25d. BURIAN  24d. DATE  24d. NAME OF CEMETERY OR CREMATORY  AND LOCATION (City, town, or county)  25d. BURIAN  24d. DATE  24d. NAME OF CEMETERY OR CREMATORY  AND LOCATION (City, town, or county)  25d. BURIAN  24d. CREMA- 12d. REGISTRAR'S SIGNATURE  24d. NAME OF CEMETERY OR CREMATORY  25d. SUPPLING (1) ADDRESS  25d. SUPPLING (2) ADDRESS		the mode of dying, such	Morbid conditions	s, if any, gi	ising DUE TO	(N) > 1	/ WOOD	<del>حد ر</del>	~ W	way		ans	· ~ ~\
Ease, injury, or complication which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Onditions contributing to the death but not related to the disease or condition causing death.  Part of OPERATION  19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE HOMICIDE  19b. MAJOR FINDINGS OF OPERATION  21c. Ingrabous alice bidgsto.)  21d. TIME (Month) (Day) (Toar) (Hour) 21b. PLACE OF INJURY (S.g., in or abous bidgsto.)  21d. TIME (Month) (Day) (Toar) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK A COUNTY OF THE COUNTY OF TH			the underlying car	use last.		•				· /, ·			
Conditions contributing to the death bit not related to the disease or condition cousing death.  19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY (e.g., in or about bome, farm, factory, street, office bldgste.)  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WO		ease, injury, or complica-		CIONIT CO		(c)	<del>-D</del>			10 1		-  <i></i>	7
19a. DATE OF OPERA TION 19b. MAJOR FINDINGS OF OPERATION 4200 YES NO L  21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, except, office bidg., etc.)  21d. TIPE (Mostb) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK 21f. HOW DID INJURY OCCUR?  22 I hereby certify that I attended the deceased from 12 LC (1957), to 1957, that I last saw the deceased alive on 26 LC (1957), and that death occurred at 8:302 m., from the causes and on the date stated above.  23a. SIGNATURE (Degree or title) 22b/ADDRESS (Deceased) 22c. DATE SIGNED 22b. BURIAN CREMA-TION. REMOVAL (Specify) 12/30/53 Eastlawn Cemetery Springfield, Mo.  DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  Herman H. Lohmeyer Springfield.		tion which caused death.				ath.	heimst	oid	and	huti	5	Severa	lyea
21a. ACCIDENT (Bpacity)  21b. PLACE OF INJURY (a.g., in or about SUICIDE HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour)  21d. TIME (Month) (Day) (Year) (Hour)  21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?  22f. HOW DID INJ		19a. DATE OF OPERA-						- <del></del>				20. AUTOP	5 <b>Y</b> 7
SUICIDE    SUICIDE   SUICI		TION								42			
WHILE AT WORK AT WORK  22. I hereby certify that I attended the deceased from 12. CC, 1953, to 26, 1953, that I last saw the deceased alipe on 26. (1953, and that death occurred at 8:302 m., from the causes and on the date stated above.  23a. SIGNATURE  AND CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24c. LOCATION (City, town, or county)  24c. NAME OF CEMETERY OR CREMATORY 24c. LOCATION (City, town, or county)  25c. DATE SIGNET  27b. ADDRESS  27c. DATE SIGNET  27c. NAME OF CEMETERY OR CREMATORY 24c. LOCATION (City, town, or county)  27c. DATE SIGNET  27c. D		21a. ACCIDENT SUICIDE HOMICIDE					21c. (CITY, TO	OWN, OR	TOWNSHI	P)	(COUNTY)	(STAT	TE)
22. I hereby certify that I attended the deceased from \( \begin{align*} \) \( \begin{align*} \begin{align*} \\ \b	•	21d. TIME (Mosth	i) (Day) (Year) (				21f. HOW DID	INJURY	OCCUR7				
alive on 26 200, 195, and that death occurred at 8:30a m., from the causes and on the date stated above.  23a. SIGNATURE  Company of the causes and on the date stated above.  23c. DATE SIGNED  24c. NAME OF CEMETERY OR CREMATORY  ALL LOCATION (City, town, or county)  Company of the causes and on the date stated above.  24c. NAME OF CEMETERY OR CREMATORY  ALL LOCATION (City, town, or county)  Company of the causes and on the date stated above.  25c. DATE SIGNED  26c. DATE SIGNE		YAUCHI		m.   1	WORK N	AT WORK			6				
alife on 26 C, 193, and that death occurred at 8:30a m., from the causes and on the date stated above.  23a., SIGNATURE    Degree or title   23b/ADDRESS	ſ	22 I herebu certifu	that I attended t	he deceas	sed from	2 Dec	1953	10 26	Z De	. 1957	that I l	ast saw the d	ecease
23a. SIGNATURE CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY AND LOCATION (Oity, town, or county)  23a. BURIAL CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY AND LOCATION (Oity, town, or county)  23c. DATE SIGNATURE 25c. DATE SIGNATURE STUDIES  23c. DATE SIGNATURE 25c. DATE SIGNATURE STUDIES  23c. DATE SIGNATURE STUDIES  23c		alive on 26	Dec 195	$\leq$ and t	hat death o	ccurred at			ie causei	and on th			
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE  ADDRESS  Henman H. Lohmeyer Springfield M.				Q,				٦. ك	efk	room	lue	280. DATE:	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  DATE REC'D BY LOCAL REGIS	i	24a. BURIAL CREM	A-   24b. DATE /		24c. NAME	OF CEMETER	Y OR CREMATO	ORY//	AA) LOCA	ATION (City,	town, or co	ounty) (	State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Henman H. Lohmeyer Springfield.		TION, REMOVAL (Bred) Burial	" 12/ 3	0/53	. Eas	<u>stlawn</u>		r /	Spr			Mo.	
[Herman H. Lohmeyer, Springfield, I			L REGISTRAR'S	SIGNATURE			1			GNATURE			
		يخ کے-8 ہے۔ در	" Zerre Z	(1)111	Line	المعا	Herman	H.	Lohm	eyer,	Spri	ngfield	, N

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed 

working under my personal supervision..

Signature of Student Embalmer

Licensed Embalmer No

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.