

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **939**

BIRTH NO. **FILED JAN 25 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>66 YRS.</b>		e. STREET ADDRESS (If rural, give location) <b>1019 S. PICKWICK 0340</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ARCH</b>	b. (Middle) <b>A.</b>	c. (Last) <b>JOHNSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 20 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, <sup>9</sup> WIDOWED, <sup>9</sup> SEPARATED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>1869 JUNE 9, 1869</b>	9. AGE (In years last birthday) <b>84 36</b>	if UNDER 1 YEAR Months	if UNDER 24 HRS. Hours	if UNDER 6 MRS. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LAWYER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>LAWYER</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Eadsburgh, Kentucky, Calhoun, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>J. H. Johnson</b>	13b. MOTHER'S MAIDEN NAME <b>Annie Singleton</b>	14. NAME OF HUSBAND OR WIFE <b>X</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give way or dates of service) <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>HELEN JOHNSON</b>	ADDRESS <b>SPRINGFIELD, MO.</b>
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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, asphyxia, etc. X means the direct injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>Year</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ruptured Dissecting Aneurysm, thoracic aorta with</b>		
	DUE TO (b) <b>Hemopericardium</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>1-16-54</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. OCCIDENT SOURCE (Specify) <b>none</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4500</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1-16, 1954 to 1-20, 1954, that I last saw the deceased alive on 1-20, 1954, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. J. Paul, M.D.</b>	23b. ADDRESS <b>609 Cherry, Springfield, Mo.</b>	23c. DATE SIGNED <b>1/21/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1-23-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MAPLE PARK</b>	24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MO.</b>
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DATE REC'D BY LOCAL REG. <b>1-22-54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. H. LOHMEYER</b>	ADDRESS <b>SPRINGFIELD, MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 9 1954

**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 *Walter E. Hamilton*.....

Licensed Embalmer No... 3808

P. O. Address SPRINGFIELD.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.