

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**8294**

State File No. ....

No. 300  
10-48

**FILED APR 5 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 315

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>18 days</u>		e. STREET ADDRESS (If rural, give location) <u>Route 9</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Infirmary</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>SARAH</u>	b. (Middle) <u>JOHNSON</u>	c. (Last) <u>OWEN</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 26 1954</u>
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<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Jan 6, 1865</u>	<b>9. AGE</b> (In years last birthday) <u>89</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House wife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Johnson Co., Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>James R Johnson</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Elizabeth Pigg</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>-----</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or date of service) <u>no</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Arch Bay, Springfield, Mo.</u>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic Heart Disease</u>  ANTECEDENT CAUSES <u>and</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive Cardiovascular Disease</u>  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Nov, 1947, to 26 March, 1954, that I last saw the deceased alive on 25 March, 1954, and that death occurred at 1:30A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>Edith Williamson, M.D.</u>	<b>23b. ADDRESS</b> <u>Springfield, Mo.</u>	<b>23c. DATE SIGNED</b> <u>29 March 54</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>March 30, 1954</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Hazelwood Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Springfield, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>3-29-54</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Edith Williamson</u>	<b>5. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Jewell E. Wendt</u>	<b>ADDRESS</b> <u>Springfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 11 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 *Bernard F. Wright*

Licensed Embalmer No. *42*

P. O. Address *Spring*

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..