

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029815

STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 254 Primary Registration District No. 4386 Registrar's No. 43

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Oregon</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Oregon</b>            |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN<br><b>Thayer</b>   |                                  | c. CITY OR TOWN<br><b>Thayer</b>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |                                  | d. STREET ADDRESS (If outside, give location)   |   |
| Length of stay in lb<br><b>32 years</b>  |                                  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>Harriett Amanda Johnson</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>September 6, 1958</b>                                    |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 19, 1868</b>  |
| 9. AGE (In years last birthday)<br><b>89</b>   |                                  | IF UNDER 1 YEAR<br>Months <b>8</b> Day <b>18</b>  |   |
| IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b>   |                                  |   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Domestic</b>  |   |
| 11. BIRTHPLACE (City and state or country)<br><b>Calico Rock, Arkansas</b>   |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>James Martin</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Harriett Wallace</b>  |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>James Johnson</b>  |                                  |   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |   |
| 17. INFORMANT<br><b>Ella Johnson, Thayer, Missouri</b>   |                                  | Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b>  |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 days</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Hypertension Heart Disease</b>   |                                  |   |   |
| DUE TO (c) <b>Arteriosclerosis</b>   |                                  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>443X</b>   |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |                                  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 20f. CITY, TOWN, OR LOCATION<br><b>Thayer</b>  |                                  | COUNTY STATE<br><b>Oregon Missouri</b>  |   |
| 21. I attended the deceased from <b>Sept 5 1958</b> to <b>Sept 6 1958</b> and last saw her <b>alive on Sept 6 1958</b><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE<br><b>W Cooper</b><br>(Degree or title)   |                                  | 22b. ADDRESS<br><b>Thayer Mo</b>  |   |
| 22c. DATE SIGNED<br><b>8-8-58</b>  |                                  |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>9-9-1958</b>  |   |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Many Springs Cemetery</b>   |                                  | 23d. LOCATION (City, town, or country) (State)<br><b>Oregon County, Missouri</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Richard Carter Thayer Mo</b><br>ADDRESS   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>9-9-58</b>   |   |
| 26. REGISTRAR'S SIGNATURE<br><b>Arthur Wolff</b>   |                                  |   |   |

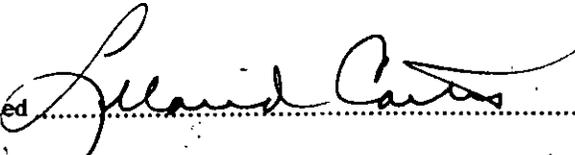
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

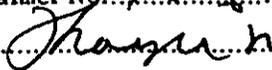
STATEMENT BY LICENSED EMBALMER

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  .....

Licensed Embalmer No. 4576 .....

P. O. Address  .....

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.