

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

14189
Do not use this space.

FILED MAY 16 1940

1. PLACE OF DEATH
 (a) County Barry Registration District No. 30
 (b) Township _____ Primary Registration District No. 3003 Registered No. 24
 (c) City Monett (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daisy Good Justus
 (a) Residence, No. 16 Front St. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George Justus</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 1, 1896</u>				
7. AGE	YEARS <u>43</u>	MONTHS <u>6</u>	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) <u>Joplin,</u> (STATE OR COUNTRY) <u>Missouri.</u>				
FATHER	13. NAME <u>Good</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Don't know</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY)			
17. INFORMANT <u>George Justus</u> (ADDRESS) <u>Monett, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethel Cemetery</u> DATE <u>Apr. 21, 1940</u>				
19. FUNERAL DIRECTOR <u>Callaway's,</u> (ADDRESS) <u>Monett, Mo.</u>				
20. FILED <u>4-20-</u> 1940 <u>W. R. West</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr. 19, 1940</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>April 19, 1940</u> to <u>April 19, 1940</u> . I last saw her alive on <u>April 19, 1940</u> Death is said to have occurred on the date stated above, at <u>2:30 p.m.</u> The principal cause of death and related causes of importance were as follows: <u>Possibly Distended of Lungs</u>	
Other contributory causes of importance: <u>124 P</u>	Date of onset _____
Name of operation _____	Date of _____
What test confirmed diagnosis? _____	Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____	
Manner of injury _____	Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify _____ (Signed) <u>L. H. Ferguson</u> , M. D. (Address) <u>Monett, Mo.</u>	

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 3,

District File Number 540-1319

Date Filed MAY 14 1940

STATEMENT BY LICENSED EMBALMER

I, J. P. Buchanan, Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. P. Buchanan

Licensed Embalmer No. 3179

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.)