

FILED JAN 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 902

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield</u> )		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>914 N. Grant Ave.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donna</u> b. (Middle) <u>Dysart</u> c. (Last) <u>Dysart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 18-1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 2, 1868</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR <u>8</u> Months <u>16</u> Days	IF UNDER 12 HRS. <u>0</u> Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>	11. BIRTHPLACE (State or foreign country) <u>Greene Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Thomas Stokes</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Vaughan</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Warren Dysart</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bonnie Dysart</u> ADDRESS <u>Springfield Mo.</u>
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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. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>10 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma (bronchial)</u> DUE TO (c) <u>?</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>40</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Jan. 14, 1949, to Jan. 18, 1949, that I last saw the deceased alive on Jan. 18, 1949, and that death occurred at 7:52 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. P. Massey M.D.</u>	23b. ADDRESS <u>Springfield Missouri</u>	23c. DATE SIGNED <u>Jan. 19, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Comfort Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-19-49</u>	REGISTRAR'S SIGNATURE <u>J. W. Standley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner &amp; Co., Springfield</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

1762200X

**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.

Signed..... *Ogle Slone Jr.*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4176*

P. O. ~~Address~~ *Springfield*

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 this body is not embalmed, fact should be so stated above.