

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23992

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

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4309</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Southwest City</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Southwest City</u>		d. STREET ADDRESS (If rural, give location) <u>()</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Josie</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Davis</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>7</u> <u>1950</u>					
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>Dec. 7, 1869</u>			
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR (Months) <u>7</u>		IF UNDER 1 MRS. (Days) <u>31</u>		IF UNDER 1 MRS. (Hours) (Mins.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>McDonald Co. Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>John Feaster</u>		13b. MOTHER'S MAIDEN NAME <u>Shara Mathis</u>			
14. NAME OF HUSBAND OR WIFE <u>De.</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>W.R. Sawvel</u>				ADDRESS <u>Grove, Okla.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Coronary Heart Disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Chr. Bronchitis</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>7-7-</u> , 19 <u>50</u> , to <u>7-7-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-7-</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>R.C. Wasmack M.D.</u> (Degree or title)				23b. ADDRESS <u>Southwest City, Mo.</u>		23c. DATE SIGNED <u>7/8/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Southwest City Ark.</u>			
DATE REC'D BY LOCAL REG. <u>7-28-50</u>		REGISTRAR'S SIGNATURE <u>Wayne Humphrey</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Joe Morton</u>		ADDRESS <u>Miami, Okla.</u>			

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 7 1950
Dist. File 850-240
Date Filed 8-7-50

OCT 27 1950

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 Kenneth Black

Signed _____
Student Embalmer

Licensed Embalmer No. 414

P. O. Address Miami, Okla.

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.