

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25978  
Registrar's No. 63

0050  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5039</u>		Registrar's No. <u>63</u>		
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Butterfield twp.</u>		c. LENGTH OF STAY (in this place) <u>1 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		<u>0051</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>J. M. Sapp home, RFD Exeter</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jaunita</u> b. (Middle) <u>Dean</u> c. (Last) <u>Heagerty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 12 50</u>					
5. SEX <u>F</u> / <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>8/2/1917</u>		
9. AGE (In years last birthday) <u>32</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		IF UNDER 28 HRS. Hours <u>0</u> Min. <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Barry Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James M. Sapp</u>			13b. MOTHER'S MAIDEN NAME <u>Grace S. Sapp</u>			14. NAME OF HUSBAND OR WIFE <u>Robt. Hancel Heagerty</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James M. Sapp, Exeter, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral-stenosis calcific mitralis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lympho-sarcoma</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Aug 24 '48</u>  <u>157X</u>	
19a. DATE OF OPERATION <u>Aug 24, 48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Lympho-sarcoma in breast plus total axillary dissection.</u>					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)		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>Apr 25</u> , 19 <u>47</u> , to <u>Aug. 12</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>Aug. 12</u> , 19 <u>50</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert P. Doolley M.D.</u>				23b. ADDRESS <u>Monett Mo.</u>		23c. DATE SIGNED <u>Aug 12, 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/14/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood Gemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Exeter, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 23 1950</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Koon</u>		ADDRESS <u>Cassville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1950

DIVISION OF HEALTH DEPT. MO.

District No. 5 - Springfield

EX. ED. AUG 28 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 W. C. Koon

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4359

P. O. Address Cranville, Mo.

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.