

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

438

FILED FEB 14 1957

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 5142 Registrar's No. 156

|   |  |   |  |  |   |   |   |  |
|---|--|---|--|--|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>                               |   |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits<br>OR TOWN <u>Neely Twp.</u> Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |   | c. CITY OR TOWN <u>Neelyville</u> <sup>0120</sup>  |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |   |  |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b<br>HOSPITAL OR INSTITUTION <u>1 mi. So. Neelyville 10yrs</u>   |  |   |  | d. STREET (If outside, give location) Reside on Farm<br>ADDRESS <u>1 mi. So. Neelyville</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>    |   |   |   |  |
| 3. NAME OF DECEASED (Type or print)<br><u>Mary Feaster</u><br><i>First Middle Last</i>  |  |   |  | 4. DATE OF DEATH <u>Feb. 5, 1957</u><br><i>Month Day Year</i>  |   |   |   |  |
| 5. SEX <u>Female</u>  |  | 6. COLOR OR RACE <u>colored</u>   |  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH <u>Feb. 25, 1885</u>             |   |  |
| 9. AGE (In years last birthday) <u>72</u>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  | IF UNDER 24 HRS.   |   |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>home</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Winona Miss.</u>                 |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  |
| 13. FATHER'S NAME<br><u>Peter Jackson</u>   |  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Martha Jones</u>  |   |   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |  |   | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT Address<br><u>Mrs. Ella Lewis Neelyville, Mo.</u>                   |   |   |  |
| 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) <u>Smoke Inhalation Pneumonia</u>  |  |   |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 1/2 days</u>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |   |  |  |   |   | DUE TO (b) _____<br>DUE TO (c) _____  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>16</u>  |  |   |  |  |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>Home burned - party rescued from home - inhaled smoke</u> |  |   |   |   |  |
| 20c. TIME OF INJURY <u>6:30 P. M.</u> Hour Month, Day, Year <u>2-3-57</u>   |  |   |  |  |   |   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)<br><u>In Home</u> |  | 20f. CITY, TOWN, OR LOCATION<br><u>Neelyville</u>  |   | COUNTY STATE<br><u>Butler Mo.</u>                 |   |  |
| 21. I attended the deceased from <u>Feb. 3, 1957</u> to <u>Feb. 5, 1957</u> and last saw her <u>alive</u> on <u>Feb. 4, 1957</u><br>Death occurred at <u>10:15 A. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |  |  |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>J. L. Smith, D.O.</u>  |  |   |  | 22b. ADDRESS<br><u>Neelyville, Mo.</u>   |   | 22c. DATE SIGNED<br><u>2-6-57</u>                 |   |  |
| 23a. BURIAL, CREMATION, REINTERMENT (Specify)<br><u>Burial</u>  |  | 23b. DATE<br><u>Feb. 10/57</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Neelyville</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Butler Co. Mo.</u>            |   |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>McCord-Gish Naylor, Mo.</u>  |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>2/9/57</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>R. H. Murrell</u> |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

FEB 11 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

APR 24 1957

FEB 27 1957

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 *Susan McCord* \_\_\_\_\_  
Signature of Licensed Embalmer

Licensed Embalmer No. *410*

P. O. Address *Waynes*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.