

5. No. 300
v. 10. 48

FILED MAR 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5061**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **100**

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (In this place) 36 hrs	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jackson Mo.		0161
d. FULL NAME OF HOSPITAL OR INSTITUTION Southwest Mo. Hosp			d. STREET ADDRESS (If rural, give location) 213 S. High		
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) William c. (Last) Daugherty			4. DATE OF DEATH (Month) (Day) (Year) Feb 22-1953		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 29-1865	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 0 Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Diana Daugherty		13b. MOTHER'S MAIDEN NAME Margaret Drum		14. NAME OF HUSBAND OR WIFE Mary Daugherty Dec	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. J.W. Friedrich		
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) Accident Skull Fracture		INTERVAL BETWEEN ONSET AND DEATH 36 hrs
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skull Fracture		
			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial					576 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None			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) 016		
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 Feb 20, 1953 , to Feb 22, 1953 , that I last saw the deceased alive on Feb 22, 1953 , and that death occurred at 8 1/4 m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) D. L. ... M.D.			23b. ADDRESS Jackson Mo.		23c. DATE SIGNED 2-23-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 23-53	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) 4 mi. E. Jackson Mo.	
DATE REC'D BY LOCAL REG. 2-24-53		REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Dorothy Laird		
			ADDRESS Jackson Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson 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.