

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3039 Registrar's No. 170016826 STATE FILE NUMBER

MY FILED 04 65

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
Rev. 4/59		
1 <u>0941</u>		
2 <u>0942</u>		
3		
4 <u>0</u>		
5 <u>2</u>		
6		
7 <u>0</u>		
8 <u>2</u>		
9 <u>4/20.1</u>		
10		
11		
12 <u>1-0</u>	INSTEAD OF	
13 <u>1-0</u>		
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF BIRTH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> c. CITY OR TOWN <u>Flat River</u> d. STREET ADDRESS <u>403 Haney St.</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in 1b <u>2 Da.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>403 Haney St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First <u>Ernest</u> Middle <u>E.</u> Last <u>Daugherty</u>			4. DATE OF DEATH Month <u>April</u> Day <u>18</u> Year <u>1965</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/27/1901</u>
9. AGE (last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>27</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Marion Daugherty</u>	
13b. MOTHER'S MAIDEN NAME <u>Rebecca Calbert</u>		14. NAME OF HUSBAND OR WIFE <u>Lavada Daugherty</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.	17. INFORMANT Address <u>Carl Daugherty Flat River, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>
IMMEDIATE CAUSE (a) <u>myocardial infarction</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u>			
DUE TO (c) <u>Generalized Arteriosclerosis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>SEPT 1963</u> to <u>4-18-65</u> and last saw him alive on <u>4-18-65</u> . Death occurred at <u>8:25 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Flat River, Mo</u>	22c. DATE SIGNED <u>4-21-65</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/21/1965</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Three Rivers Ceme.</u>	23d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Murphy I. Sparks Flat River, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Apr. 21, 1965</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 5 1965

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 Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address Port Oliver, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.