

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 11170

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4480</u>		Registrar's No. <u>14</u>			
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greentop</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Queen City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Van Osdel Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>(Rural)</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALVIN</u> b. (Middle) <u>RAY</u> c. (Last) <u>DAUGHERTY</u>			4. DATE OF DEATH <u>MARCH 5 1949</u> (Month) (Day) (Year)						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>May 28 - 1885</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Logan Daugherty</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah E. Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>-</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. E. Daugherty</u>			ADDRESS <u>Moberly 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>  ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death.  <u>3 5 4 X</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</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) <u>Queen City Schuyler Mo.</u>					
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>3-3</u> , 19 <u>49</u> , to <u>3-5</u> , 19 <u>49</u> that I last saw the deceased alive on <u>3-5</u> , 19 <u>49</u> and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Wm. A. Drake</u>				23b. ADDRESS <u>Van Osdel Hospital - Greentop</u>		23c. DATE SIGNED <u>3-5-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Queen City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Queen City Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Mar. 10. 49</u>		REGISTRAR'S SIGNATURE <u>Wm. A. Drake</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Drake</u>		ADDRESS <u>Queen City Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

RECEIVED

District Health Officer No. 10

District File Number 3-49-497

Date Filed MAR 17 1949

**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 Self

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Wm N West

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

Licensed Embalmer No. 2882

P. O. Address Queencity 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.