

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13514

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, write RURAL and give town) Bonne Terre c. LENGTH OF STAY (In this place) 16 days		c. CITY (If outside corporate limits, write RURAL and give township) Farmington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		d. STREET ADDRESS (If rural, give location) R.R. #1	

3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) WOOD c. (Last) DOUGHTY			4. DATE OF DEATH (Month) (Day) (Year) April 23 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH June 18, 1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR 10 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME M.O. Doughty		13b. MOTHER'S MAIDEN NAME Sarah Jane Wood		14. NAME OF HUSBAND OR WIFE Minnie Doughty	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Mrs. Minnie Doughty, Farmington, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 minutes 9 days 56^h 3
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Repair of Ventral Hernia DUE TO (c) -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Loops of large + small bowel incarcerated in terminal Sigmoid - 257 cm		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) Farmington St. Francois Co. Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 **Apr. 9, 1949**, to **Apr. 23, 1949**, that I last saw the deceased alive on **Apr. 23, 1949**, and that death occurred at **9:30^a m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. Geo. L. Walters M.D.	(Degree or title)	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 4-25-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4/25/49	24c. NAME OF CEMETERY OR CREMATORY K-P Cemetery	24d. LOCATION (City, town, or county) (State) Farmington, Missouri
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DATE REC'D BY LOCAL REG Apr. 27, 1949	REGISTRAR'S SIGNATURE Ether R. ...	25. FUNERAL DIRECTOR'S SIGNATURE Miller	ADDRESS Fernal Home, Farmington Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

Health Officer No. 4

File Number 549-5

Date 5-2-49

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 Richard D. [Signature]

Licensed Embalmer No. 4120

P. O. Address Lawrence, 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.