

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Wakeman  
26686  
State File No. \_\_\_\_\_  
Registrar's No. 789-A

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5465</u>		Registrar's No. <u>789-A</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield</u> <u>Kirkpatrick</u> )		c. LENGTH OF STAY (In this place) <u>3 1/2</u> <u>W. CAMPBELL</u> <u>DUYS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>RURAL</u> <u>N. CAMPBELL</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2851 W. Elm</u>				d. STREET ADDRESS (If rural, give location) <u>2851 W. Elm</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Shirley</u> b. (Middle) <u>B.</u> c. (Last) <u>Daugherty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3, 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 23, 1876</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____				
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 <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Sparta, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Mark Daugherty</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Jane McMillan</u>			14. NAME OF HUSBAND OR WIFE <u>Rosa Daugherty</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rosa Daugherty</u> ADDRESS <u>Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>  <u>332X</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) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		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>15 Aug, 1949</u> to <u>3 Sept, 1949</u> , that I last saw the deceased alive on <u>3 Sept, 1949</u> , and that death occurred at <u>11:45 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. Newton Wallerman M.D.</u> (Degree or title) _____				23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>9-6-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/5/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>		
DATE RECD. BY LOCAL REG. <u>9-7-49</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u> ADDRESS <u>Springfield, Mo.</u>			

(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.

Signed \_\_\_\_\_

*Walter E. Hamilton*

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

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.