

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7501**
DIVISION OF HEALTH

B. S. Johnson
FILED MAR 27 1952

BIRTH NO. _____		REG. DIST. NO. 43		PRIMARY REG. DIST. NO. 3007		Registrar's No. 680	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived; if limitation, residence before admission)			
a. COUNTY Butler		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff, Mo.		c. LENGTH OF STAY (in this place) _____		a. STATE Mo. Butler County	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		d. STREET ADDRESS (If rural, give location) 1707 Garfield St.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Roberta		b. (Middle) Ellen		c. (Last) Daugherty		Date (Month) (Day) (Year) March 1 1952	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 24, 1875		9. AGE (In years last birthday) 76	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Ill.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John R. Franklin			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE James Daugherty		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Van Scott ADDRESS Poplar Bluff, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral Hemorrhage - 10 days				INTERVAL BETWEEN ONSET AND DEATH 10 days	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Hypertension of Arteries - Sclerosis				DUE TO (b) _____	
		DUE TO (c) _____				DUE TO (a) _____	
		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 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 1948 , 19____, to 1 Mar , 19 52 that I last saw the deceased alive on 27 Feb , 19 52 and that death occurred at 4:52 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) B. S. Johnson, M.D.				23b. ADDRESS 321 Oak Poplar Bluff Mo		23c. DATE SIGNED 1/20/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-3-52		24c. NAME OF CEMETERY OR CREMATORY: Puxico Cem.		24d. LOCATION (City, town, or county) (State) Puxico, Mo.	
DATE REC'D BY LOCAL REG. 3-20-52		REGISTRAR'S SIGNATURE Wm. H. Johnson 423-0		25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell ADDRESS Poplar Bluff, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 24 1952
BUTLER CO. HEALTH CENTER
FILE No. 352-162

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address 412 1/2 Pine Poplar Bl

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.