No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9425

State File No.

FILED APR 15 1952

BIRTH NO. REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 3054 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Louisiana
c. LENGTH OF STAY (In this place) 9 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Pike
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bowling Green
d. STREET ADDRESS (If rural, give location) 0820

3. NAME OF DECEASED (Type or Print)
a. (First) Nora b. (Middle) Gertrude c. (Last) Dougherty

4. DATE OF DEATH (Month) (Day) (Year) 3 - 24 - 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec 6 1876
9. AGE (In years last birthday) 75 — If under 1 year: Months 3 Days 18 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Pike Co Mo
12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME James A Griffith
13b. MOTHER'S MAIDEN NAME Jane Elam
14. NAME OF HUSBAND OR WIFE Edward Dougherty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Alice Dougherty
ADDRESS Bowling Green Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach 151X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No
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) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? none

22. *I hereby certify that I attended the deceased from* 7-8-, 1951, *to* 3-24-, 1952, *that I last saw the deceased alive on* 3-24-52, 19__, *and that death occurred at* 7 55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE C E Cunningham (Degree or title) M.D.
23b. ADDRESS Louisiana Mo
23c. DATE SIGNED March 24, 52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 26-1952
24c. NAME OF CEMETERY OR ~~CREMATORY~~ Bowling Green
24d. LOCATION (City, town, or county) Bowling Green (State) Mo

DATE REC'D BY LOCAL REG. April 4, 1952
REGISTRAR'S SIGNATURE Bernice Collier
25. FUNERAL DIRECTOR'S SIGNATURE Grace Bankhead
ADDRESS Bowling Green Mo

(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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Gre

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.