No. 300
10-48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11731

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6165 Registrar's No. 16

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

1. PLACE OF DEATH
a. COUNTY: STONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "RURAL" HURLEY
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME OF MRS. JOYCE LANE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: OKLAHOMA
b. COUNTY: PAYNE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CUSHING 8350
d. STREET ADDRESS (If rural, give location): Home (NO STREET ADDRESS)

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): JUDSON
c. (Last): DAUGHERTY

4. DATE OF DEATH (Month) (Day) (Year): MARCH 11 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC. 31- 1870
9. AGE (In years last birthday): 81 — 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): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): LIBERTY · TENN.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ADNORM DAUGHERTY
13b. MOTHER'S MAIDEN NAME: BUTTERBALL
14. NAME OF HUSBAND OR WIFE: NORA LATHROP, DAUGHERTY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 571-28-5756
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: DONBY DAUGHERTY, CUSHING, OKLA.

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): Angina Pectoris

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4202
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* at death, *to* March 11, 1952, *that I last saw the deceased alive on* March 11, 1952, *and that death occurred at* 12:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Everett J. Cheatham Coroner
23b. ADDRESS: Galena Mo.
23c. DATE SIGNED: March 11-52

24a. BURIAL, CREMATION, REMOVAL (Specify): ~~BURIAL~~ 5
24b. DATE: MARCH 15 -1952
24c. NAME OF CEMETERY OR CREMATORY: DRUMRIGHT CEMETERY
24d. LOCATION (City, town, or county) (State): DRUMRIGHT OKLAHOMA

DATE REC'D BY LOCAL REG.: March 11-52
REGISTRAR'S SIGNATURE: Mrs. J. Elmer Brosseau 317 per Lena Murray
25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris
ADDRESS: Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.