

FILED MAR 2 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8449

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY SHELBY
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLARENCE MO
c. LENGTH OF STAY (in this place) 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION CLARENCE MO

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

3. NAME OF DECEASED
a. (First) LILLIE b. (Middle) MAE c. (Last) DAUGHERTY
4. DATE OF DEATH (Month) (Day) (Year) FEB 20 1953

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH JAN 16 1892 9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HONESTEERING 10b. KIND OF BUSINESS OR INDUSTRY HONESTEERING 11. BIRTHPLACE (State or foreign country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME MICHAEL DAUGHERTY 13b. MOTHER'S MAIDEN NAME ADDIE PARLEE 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. NO 17. INFORMANT'S SIGNATURE OR NAME JAMES DAUGHERTY ADDRESS CLARENCE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Virus Influenza
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
16 days
1 month

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION LORIX 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) (Min.) _____ 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 Feb 5, 1953, to Feb 20, 1953 that I last saw the deceased alive on Feb 18, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE B. L. Edgington D.O. (Degree or title) 23b. ADDRESS Clarence, Mo 23c. DATE SIGNED 2/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 2-22-53 24c. NAME OF CEMETERY OR CREMATORY HAGERS GROVE CEMETERY 24d. LOCATION (City, town, or county) HAGERS GROVE MO (State)

DATE REC'D BY LOCAL REG. 2-27-53 REGISTRAR'S SIGNATURE Ada Harrison 419-0 25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Green ADDRESS Clarence Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 6 1953

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 *Charles V. Shewing*

Signed.....
Student Embalmer

Licensed Embalmer No. *4625*

P. O. Address *Clarence 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.