

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10754

State File No.

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>West Benton Township Rural-Number 24</u>		c. CITY OR TOWN <u>West Benton Township Rural-Number 24</u>	
c. LENGTH OF STAY (in this place) <u>4 years</u>		d. STREET ADDRESS (If rural, give location) <u>R-1, Goodman, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-R-1, Goodman, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cyinda</u> b. (Middle) <u>Ann</u> c. (Last) <u>Daugherty</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-28-1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>6-16-1872</u>			9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Pineville, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Frank Masters</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Daugherty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Kissinger R-1, Goodman, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Failure of Cardiac Musculature</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mitral insufficiency</u> DUE TO (c) <u>Advanced senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
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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)		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 February 28, 1953, to February 28, 1953, that I last saw the deceased alive on February 28, 1953, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold L. Ward, M.D.</u>		23b. ADDRESS <u>Goodman, Mo.</u>		23c. DATE SIGNED <u>3-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-2-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Daniels Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Near Gravette, Arkansas</u>		DATE REC'D BY LOCAL REG. <u>4-3-53</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Siloam Springs, Ark.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Siloam Springs, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0730
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0730

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 453-80
Date Filed 4-6-53

NEOSHO, MISSOURI

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 E. P. [Signature].....

Licensed Embalmer No. 3211.....

P. O. Address Wilson [Signature].....

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.