

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1955

State File No. 55-21

REG. DIST. NO. 93

PRIMARY REG. DIST. NO. 4154

Registrar's No. 55-21

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

BIRTH NO.		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 4154		Registrar's No. 55-21	
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dade			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenfield Mo		c. LENGTH OF STAY (in this place) yrs 0		c. CITY OR TOWN Greenfield Mo		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home W. College t				STREET ADDRESS (If rural, give location) W. College St.			
3. NAME OF DECEASED (Type or Print) Harriet Jane Daughtrey			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Mar 20, 1955	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Mar. 19, 1872	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months 1		IF UNDER 1 HR. Days 1		IF UNDER 15 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired			10b. KIND OF BUSINESS OR INDUSTRY house wife			11. BIRTHPLACE (City and State or Foreign Country) Dade Co Mo.	
12. CITIZEN OF WHAT COUNTRY? usa		13a. FATHER'S NAME C.C. McLemore		13b. MOTHER'S MAIDEN NAME Sarah McLemore		14. NAME OF HUSBAND OR WIFE John F Daughtrey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Blanche Allison Greenfield Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
<p>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Banti's Syndrome			
				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				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)		2980	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 Jan 1, 1951, to 3-20, 1955, that I last saw the deceased alive on 3-18, 1955, and that death occurred at 5:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lee A Mc Neely MD				23b. ADDRESS Greenfield, Mo		23c. DATE SIGNED 3-26-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 23, 1955		24c. NAME OF CEMETERY OR CREMATOR Daughtrey		24d. LOCATION (City, town, or county) (State) Dade Co Mo	
DATE REC'D BY LOCAL REG. 3-28-55		REGISTRAR'S SIGNATURE J. C. Canada 478		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.R. Allison Greenfield Mo.			

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.....
Signature of Student Embalmer

Signed *W. H. Allison*.....

Licensed Embalmer No. *446*

P. O. Address *Greenville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.