

FILED OCT 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30497

State File No. _____
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 4459

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| 1. PLACE OF DEATH a. COUNTY <u>St. Clair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u> | | c. CITY OR TOWN <u>Ava</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Todd's Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>6341</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Patrick</u> b. (Middle) <u>Phillip</u> c. (Last) <u>Daugherty</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct; 1. 1955</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Sept; 24, 1934</u> |
| 9. AGE (In years last birthday) <u>21</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Soldier</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Douglas County Missouri</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Air Force</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Hugh Daugherty</u> | | 13b. MOTHER'S MAIDEN NAME <u>Norine Alsop</u> | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes At Present</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bud Daugherty, Bonner Springs Kan.</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>RESPIRATORY FAILURE</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>CEREBRAL CONCUSSION</u> DUE TO (c) <u>AUTOMOBILE ACCIDENT</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ASPIRATION OF STOMACH CONTENTS</u> <u>24 hours</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>341 So. VISTA St. - HUR 13</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ST. CLAIR Mo.</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>SEPT 30 1955 9:00 PM</u> | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>AUTOMOBILE ACCIDENT</u> | |
| 22. I hereby certify that I attended the deceased from <u>9-30</u> , 19 <u>55</u> , to <u>10-1</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10-1</u> , 19 <u>55</u> , and that death occurred at <u>9:30 P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>H. L. Shipman, D.O.</u> (Degree or title) | | 23b. ADDRESS <u>Osceola Mo.</u> | |
| 23c. DATE SIGNED <u>10-2-55</u> | | 24. LOCATION (City, town, or county) (State) <u>Ava Mo</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>?</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY | | 24d. NAME OF CEMETERY OR CREMATORY | |
| DATE REC'D BY LOCAL REG. <u>10-2-55</u> | | REGISTRAR'S SIGNATURE <u>Keith Seewald</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stinebaugh</u> | | ADDRESS <u>N. E. ...</u> | |

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

OCT 28 1955
NOV 7 1955

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 *Paul J. Weston*

Licensed Embalmer No. *399*

P. O. Address *Alcala*

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.