

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32909

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5463 Registrar's No. 892

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, Jackson, Twp. | | c. CITY OR TOWN STRAFFORD | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION RT #3 STRAFFORD | | No. STREET ADDRESS (If rural, give location) RT #3 STRAFFORD | |

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| 3. NAME OF DECEASED (Type or Print) JOB | a. (First) | b. (Middle) MARCUS | c. (Last) DOUGHTY | 4. DATE OF DEATH (Month) (Day) (Year) OCT. 11, 1955 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH JULY 28, 1878 | 9. AGE (In years last birthday) 77 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FERMER | 10b. KIND OF BUSINESS OR INDUSTRY FARM | 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI | 12. CITIZEN OF WHAT COUNTRY? USA | |

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| 13a. FATHER'S NAME m. c. Doughty | 13b. MOTHER'S MAIDEN NAME SARAH JANE WOOD | 14. NAME OF HUSBAND OR WIFE BIRDIE DOUGHTY |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS BIRDIE DOUGHTY, STRAFFORD, MISSOURI |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INANITION AND DEBILITATION | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) SENILITY DUE TO (c) CEREBRAL ARTERIOSCLEROSIS | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **1953**, 19____, to **Oct. 8, 1955** that I last saw the deceased alive on **Oct. 8, 1955**, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Richard E. White</i> | (Degree or title) | 23b. ADDRESS Springfield Mo | 23c. DATE SIGNED 10/4/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 10-14-55 | 24c. NAME OF CEMETERY OR CREMATORY DISHMAN CEMETERY | 24d. LOCATION (City, town, or county) (State) GREENE COUNTY, MISSOURI |

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| DATE REC'D BY LOCAL REG. 10-12-55 | REGISTRAR'S SIGNATURE <i>Edith Williams</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>J. W. Hammond</i> SPRINGFIELD, MISSOURI |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

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, *Glen D. Williams*.....

Licensed Embalmer No. *465*

P. O. Address *Springfield*

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.