

No. 300
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FILED JAN 2 1957

STANDARD CERTIFICATE OF DEATH

State File No. **44546**

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 252

1. PLACE OF DEATH
a. COUNTY Vernon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada

c. LENGTH OF STAY (In this place) 30 days

d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):
a. STATE Arkansas b. COUNTY Benton

c. CITY OR TOWN Rogers

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print)
a. (First) James b. (Middle) Ray c. (Last) Daugherty

4. DATE OF DEATH (Month) (Day) (Year) 12-21-56

5. SEX M 6. COLOR OR RACE wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH April 26, 1909 9. AGE (In years) (Last birthday) 47 IF UNDER 1 YEAR Months Days IF UNDER 1 Wk. Hours Mts.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman

10b. KIND OF BUSINESS OR INDUSTRY automobile

11. BIRTHPLACE (City and State or Foreign Country) Taney County, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Leonard Daugherty 13b. MOTHER'S MAIDEN NAME Edna Lee Sloan 14. NAME OF HUSBAND OR WIFE Thelma Daugherty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME Thelma Daugherty, Rogers Ark. Rt. #2 ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure

ANTECEDENT CAUSES Laceration of right lung with

**This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.*

DUE TO (b) Pleural infusion & Mediastinitis

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

Multiple fractures of 2 thru 10th ribs, inclusive & fracture of body of Sternum. Flail chest.

II. OTHER SIGNIFICANT CONDITIONS Comminuted fract. rt. Femur, severe, Comminuted fract. rt. patella, severe, & of lft. Femur greater

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 5 hrs.

30 days

19a. DATE OF OPERATION Nov. 21, 1956 19b. MAJOR FINDINGS OF OPERATION Trochana, severe. Towel clips to ribs, rt. (4), traction. Steinman pins, Balance traction, both femurs. 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. 71, Nevada, Mo. 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada Vernon Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 21, 1956 A.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Head on Collision with another car.

22. I hereby certify that I attended the deceased from Nov. 21, 1956, to Dec. 21, 1956, that I last saw the deceased alive on Dec. 21, 1956, and that death occurred at 10:50 A.m., from the causes and on the date stated above.

23a. SIGNATURE R B Wray, M.D. (Degree or title) 23b. ADDRESS Moore Bldg., Nevada, Mo. 23c. DATE SIGNED 12-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 12-21-56 24c. NAME OF CEMETERY OR CREMATORY Local 24d. LOCATION (City, town, or county) (State) Rogers, Arkansas

DATE REC'D BY LOCAL REG. 12-28-56 REGISTRAR'S SIGNATURE (Signature) 25. FUNERAL DIRECTOR'S SIGNATURE Ferry ADDRESS Ferry Funeral Home, Nevada, Mo.

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

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 *L. Douglas Perry*.....

Licensed Embalmer No. 4960.....

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