

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57022015
STATE FILE NUMBER

MAILED JUL 15 1957

Registration District No. 251 Primary Registration District No. 4371 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Elmo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Elmo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ford Hospital		Length of stay in 1b 9 days		d. STREET ADDRESS (If outside, give location) none	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLEY S. DAUGHERTY			4. DATE OF DEATH Month Day Year 7 3 57		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11/30/72	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (City and state or country) Iowa /	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME William Daugherty		
14. MOTHER'S MAIDEN NAME Margaret Miller			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 Address Mrs. Charley S. Daugherty, Elmo, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Pulmonary edema</i> <i>→ Arteriosclerotic heart disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Angiosten heart failure</i> DUE TO (c) <i>Acute Fib. & Ventricular tachycardia</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Severity & multiple cavernous sept. scars 4200</i>					INTERVAL BETWEEN ONSET AND DEATH 6 hrs. 14 days 14 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <i>Aug 9-1943</i> to July 3, 1957 and last saw him him alive on <i>July 3-1957</i> Death occurred at <i>2:15 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Sign or type) <i>Harriet Ford</i> D. O. 2			22b. ADDRESS Elmo, Missouri		22c. DATE SIGNED 7/5/57
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE 7/5/57		23c. NAME OF CEMETERY OR CREMATORY High Prairie	
23d. LOCATION (City, town, or county) Elmo, Missouri		(State)		24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.	
25. DATE RECD. BY LOCAL REG. 7-13-57		26. REGISTRAR'S SIGNATURE <i>Bess Hols-</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FORM 1. 103 1913

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *John W. Price*
.....

Licensed Embalmer No. *42*
P. O. Address *Maryland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.