

Dr. Lamb Hayti Mo.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **25570**

FILED JUL 26 1957

Registration District No. **267** Primary Registration District No. **3049** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Pemiscott			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pemiscott Memorial		Length of stay in 15	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Betty Sue Daugherty <i>First Middle Last</i>			4. DATE OF DEATH 7-3-1957 <i>Month Day Year</i>		
5. SEX Female	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 4-12-1933	9. AGE (In years - last birthday) 24	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Blytheville Ark.	
13. FATHER'S NAME R.O. Wooldridge			14. MOTHER'S MAIDEN NAME Iantha Ruskin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AUTO ACCIDENT - TRAUMATIC INJURY					6/29/57
DUE TO (c) HEMATHORAX					7/3/57
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 31					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) AUTO ACCIDENT - AUTO HIT NARROW BRIDGE RAILINGS.			
20c. TIME OF INJURY Hour 1:30 a. m. P Month, Day, Year 6.29.57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) BRIDGE - S. OF BLYTHEVILLE MO. PORTAGEVILLE		20f. CITY, TOWN, OR LOCATION PORTAGEVILLE NEW MADRID MO.	
21. I attended the deceased from 6/29/57 to 7/3/57 and last saw her alive on 7/3/57 Death occurred at 11:00 P on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Woodward McFarland, M.D.			22b. ADDRESS Curtham, Mo.		22c. DATE SIGNED 7/16/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-4-1957	23c. NAME OF CEMETERY OR CREMATORY Dogwood	23d. LOCATION (City, town, or county) (State) Blytheville Ark.		
24. FUNERAL DIRECTOR Cobb Funeral Home		ADDRESS Blytheville Ark.	25. DATE RECD. BY LOCAL REG. 7-18-57	26. REGISTRAR'S SIGNATURE John W German	

7-209-57

JUL 25 1957

PENNSCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARTHERSVILLE, MO.

JUL 26 1957

STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed *W. H. Storall*

Licensed Embalmer No. *4*

P. O. Address *Blythe*

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.