

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000937

STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 51A

300
-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MARSHFIELD ¹¹²⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MERCY Hosp 2 Mo		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 403 N FULTON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES, C. DAUGHERTY			4. DATE OF DEATH Month Day Year JAN 13 1959		
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 APR 26 1881	9. AGE (In years last birthday) 77	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, even if retired) RET FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME PETER DAUGHERTY		13b. MOTHER'S MAIDEN NAME ANN MC VAY		14. NAME OF HUSBAND OR WIFE WINIFRED	
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. 499-44-3161		17. INFORMANT Address WINIFRED DAUGHERTY MARSHFIELD	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Popliteal obstruction			INTERVAL BETWEEN ONSET AND DEATH 2 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) arteriosclerosis generalized		
	DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500			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 Hour a.m. Month, Day, Year 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 11-9-58 to 11-13-58 and last saw her ^{him} alive on 11-13-58 Death occurred at 230 P on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) Edw. R. Quener MD		22b. ADDRESS 404 Professional Bldg. Springfield, Mo		22c. DATE SIGNED 1-17-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 1-13-1959		23c. NAME OF CEMETERY OR CREMATORY CATHOLIC	
		23d. LOCATION (City, town, or county) (State) WEBSTER CO MO			

24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD		25. DATE RECD. BY LOCAL REG. 1-22-59		26. REG. STRAAR'S SIGNATURE Offie G. Melton	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

NOV 28 1967

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 *T. C. Pool*

Licensed Embalmer No. *384*
P. O. Address *Mrs. Gene M.*

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.